OTTO F. MEINHARDT

FOR

(TYPE OR PRINT)

. DECEASED NAME

- STATE REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Chauffer- REA Express 13e. STREET ADDRESS 231 1531 E. 20021 St.Euclid.Ohio. ADDRESS Euclid, Ohio. Mrs. Irene E. Meinhardt-1531 E.221 St. BETWEEN ONSET AND DEATH SCLEROTIC CARDIO -20 AUTOPSY? YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY COUNTY STATE 75a. DATE REC'D. BY REGISTRAR DHMH Mitchell-Wiedefeld Home-6500 York Rd. 21212 (VR A15 ME (5)) 20M 4/82

CW DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

2d HOUR

20. DATE KNOWN

ESTI-DEATH MATED

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# OR ATTENDING PHYSICIAN: The etained by the hospital ar attending physician

ending physicion and campletely filled in by the carbanpopers. Pages 1 and 2 should be filed win

injury, ar other traumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. NO.

DE	CEASED NAME FIRST	A.	NIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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	100	N/N		L DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	R LYEAR IF UNDER 24 HRS
3. SE	1.0	4. RACE	,	5. DATE C		O. AGE (INTEARSTAST BIR	MONTHS	DAYS HOURS MIN.
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	18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	(C)	0 -7	*^	8	APPROL
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		(c)	July 1	roce	. Coucin	776		
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CERTIFICATION						1.00	1	
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7			W. MONTH DAT	IEAR				
	OR CONTRIBUTING CAUSE OF DE	ATT.						
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SCUTE 23a BURIAL, CREMATION, REMOVAL

Burial

Morland Memorial Park

23d LOCATION CITY OR TOWN Balto. Md. SOUNTY Balto. Md.

STATE

DHMH - 16 50M 4/83

FOR - STATE REGISTRAR

Miller Inc. -6415 Belair Rd. -21206

6-20-84

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
JUN 1 9 1984 July Davidson-Handson

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the

### STATE OF MARYLAND

DEPARTMENT

OF HEALTH AND MENTAL HY	GIENE				
	REG. 1	٧٥.			100
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR

FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 3 7
1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
(TYPE OR PRINT) HENRY	J. M	ILLER SR.	06 13 84	1102PM
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
MALE	WHITE	0.2 23 06	78 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
MARYLAND.	U,S,A.	WIDOWED DIVORCED	BALTIMORE COL	MD.
BALTO, MD.	11. NAME OF HOSPITAL, NURSING (NE NOT IN SUCH FACILITY, GIVE STREET A ST. JOSEPH HO	DDRESS)	1720 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIF SPECIAL PLICE	126. KIND OF BUSINESS OR INDUSTRY  W. ELECTRIC
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS / ZIP CODE	
	TO, BALTO	YES NO X	3323 HISS AVE	E., 21234
RUDOLPH	MILLER LAST	15, MOTHER'S MAIDEN NAM	STRAWBA	LAST
160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	21234
(YES, NOOR UNKNOWN) (IF YES, GI	216-03-	5773 Him Patrice	ia L. Miller - 33	323 His Rue.
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	Circle Suyse	20a AUTOPSY? 20b IF YES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  VEN IN PART 1(0)  5, WERE FINDINGS USED FYING CAUSES OF DEATH?
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21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	6 = A	
	luced in	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death accurred on the date and hou	that (II (we) lost in and from the couses stated 22c. DATE SIGNED 6-14-64
230. BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OF CREMATORY	23d LOCATION	
BURIAL	6-16-84 M	FADOWRIDGE	BALTO, M	D . STATE
24 EUNERAL DIRECTOR	Appec	ord Rel. JUN		TRAR'S SIGNATURE

7527 Harford Rel.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL

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NO OR UNKNOWN		AR OR DATES)		1	Mrs.	Joan N	1. Bak	er , Tr	ickling B	rook
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MONTH DAY YEAR P.M. MONTH DAY YEAR P.M. 19  110. INJURY OCCURRED  111. LOCATION STREET  112. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)  121. LOCATION STREET  122. 102. 102. 102. 102. 102. 102. 102.	AS DECEASED EVER IN U.S. ARMED FORCES?  S. NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  NO  212-05-5369  Mrs. Joan M. Baker, Tr  212-05-5369  Mrs. Joan M. Baker, Tr  Cockeysville, Md. 21030  INTRACEREBRAL HEMMORRHAGE  DUE TO, OR AS A CONSEQUENCE OF  CARD 10-PULMONARY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  CARD 10-PULMONARY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  CARD 10-PULMONARY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  CARD 10-PULMONARY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  CARD 10-PULMONARY FAILURE  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. 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TO FUNERAL DIRECTOR: After this certificate has be MPORTANT: If Hem 21 is morked or Item 18 sh should be detached for use as the with the State Dept. of Health and O'DONNELL 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial BP.

230 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

N. CHARLES STREET, TOWSON, MD. 23d LOCATION CITY OR TOWN

June 25, 1984 Forest Bapt. Ch. Cem.

MEDICAL STAFF

Parkton, Balto, Co.

BY REGISTRAR 256 REGISTRAR SIGNATURE

22c DATE SIGNED

21204

21093 auszoness Martin D. Lawson, 10 W. Padonia Rd. Timonium JUN 2 5 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

A PROPERTY OF THE

BIND AND ABOUTERA BY CHIEF

AB ASSISTED BE AND SHIP SEE

THEORE STORES OF CONCERN STORES STORES OF SHIPPING THE STORES

### STATE OF MARYLAND

1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE O REG. N	D.	5 3	7
	ECEASED NAME FIRST FE CI		MIDDLE .	M	ASMILMAN N.	2e. DATE OF DEATH	A	S 84	26 HOUR
3. SI	M ÅLE	4 RACE WH	IITE	S. DATE (		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA		WHAT COUNTRY?	MARRIE WIDOWE	DXX NEVER MARRIED	9. BALTIMORE CITY O	5.00	OF DEATH	NTY MD.
R	ANDALLSTOWN	BALTIMO	RE"COUNTY	GENE	ERAL HOSPITAL	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	ON F WORKING LIFE	126. KIND O	F BUSINESS OR
13a. M/			13c. CITY OR TOW REISTERS	N	13d. INSIDE CITY LIMITS? YES 🐧 NO 🗌	13e.STREET ADDRESS / 5 SAFFRON	ZIP CODE	Т #211	136
14. F	ATHER'S NAME FIRST MARK	MDDLE	MILMAN	1	POLINA	ME MIDDLE	4	UNKN	
	WAS DECEASED EVER IN U.S. ARI (YES NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? E WAR OR DATES]	094-58-3		17 INFORMANMRS. T 5 SAFFRON CT	TAUBA MILMAN C., REISTERS			136
	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, O	R AS A CONSEQUE	9 N	ant Molan Metas	voma talic		BETWEEN (	mate interval Onset and Death
CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE	TH HOUR A P. 21e. PLACE	OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCURS 211. LOCATION STREET	YES NO PRED (ENTER NATURE OF INJU			NO
	22e. I certify that (I) (this hospit sow the deceased glive on 22b. SIGNATURE	6.1	5 19		nd that in (my) (our) opinion of	to	ote and hou	,	
	MA PHYSICIAN'S NAME (TIME)	DOZ 20	Dah	/	ATTENDING PHYSICIAN [	MEDICAL STA		6.1	12.84
	MAYADIO	RA	Chourn	DAR	P NAT	T. COUNT	MED P	c thos	pitAC.
73a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	6-17-	records in the	LTIMOR	RE HEBREW CONG	23d LOCATION CITY OF TOWN REISTERST	OWN 1	COUNTY RAITO	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital ar attending physician

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

a rector, page 3

within 24 hours ofter death. Page 4 may be

BURIAL 6-17-84 BALTIMORE HEBREW
FOR FUNERAL DIRECTOR SUL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD., BALTO., MD 21215

CONG. REISTERSTOWN BALTO

250 DATE RECD. BY REGISTRAN 256 REGISTRAN SON THRE

JUN 20 1984

VALUE NAME OF 18 61 148 St J 18 BH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deathering by the haspital an attending physician.

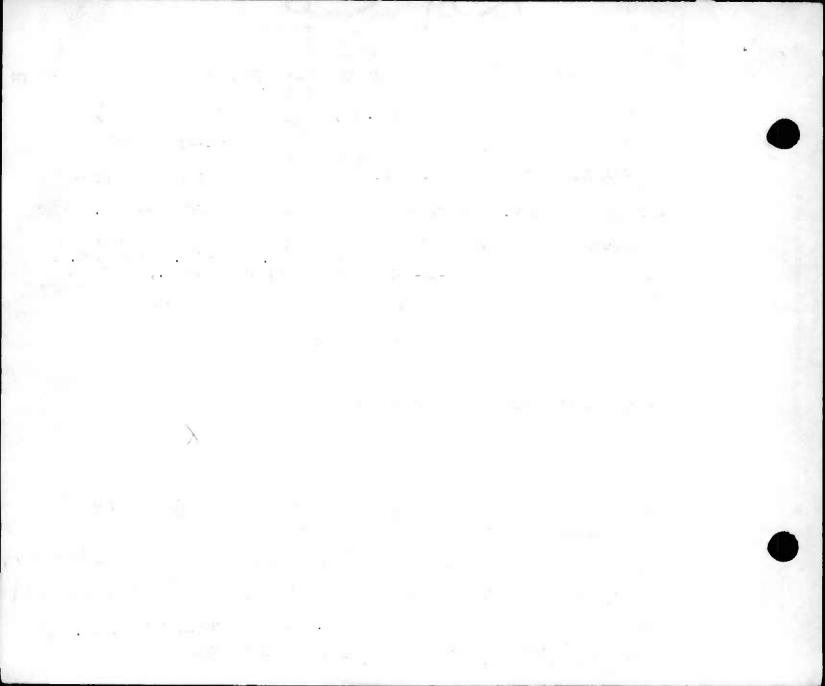
4 may be

STATE OF MARYLAND

	1	FOR STATE			DEPA		EALTH AND MENTAL HY	GIENE O	-		
75	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
\			FIRST		MIDDLE	1	AST	20 DATE OF DEA	тн момтн	DAY YEAR	26 HOUR
1	(TPE	F.	ANNIE			MI	SLER	JUNE 24	,1984		11:55 APM
1	3. SEX		4.	RACE		5. DATE C		& AGE (IN YEARS L	AST BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
٠.		FEMALE		WHIT	Е	AUG	. 12, 1886	97	YRS	MONTHS DAYS	HOURS MIN.
		THPLACE   STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNT	TDV2 R	D NEVER MARRIED	9 BALTIMORE C			
77		OUNTRY)		Ī	ISA		D XX DIVORCED	BALT	IMORE CO	YTNUC	MD.
		Y OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OR
0		PIKESVILLE		JEWISH	CONVAL	TREET NURSI	NG HOME	HOUSEW			HOME
		L RESIDENCE (IF NURSING									
3	130. S	RYLAND	B COUNT	LTO.	BALTI		13d. INSIDE CITY LIMITS?	8536 ST		OOD RD.	21207
		THER'S NAME					15. MOTHER'S MAIDEN NA	AME			
31	!	ABRAHAM	MI	IDDLE	BROOKMA		DVERA	MIE	DOTE	JN KNOWN	ST
7		AS DECEASED EVER IN	U.S. ARM		16b SOCIALS			DOROTHY			T. 1
	{ Y	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	220-5	4-6545	5 POMONA NO		BALTO.,		
1		18. CAUSE OF DEATH	Entorpoly		<u> </u>				-		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	S CAUSED	BY:	line for (a), (b	C3 A-	ve lale	A Fe	i De	O STATES	ONSE! AND DEATH
- 1		IA	AMEDIATE	CAUSE (o)	70-22	<u> </u>					
		Conditions if any	lud alu	DUE TO, O	R AS A CONSI	EOUENCE OF	Rasmy.	Jusi	2		
		Canditians, if any, or gave rise to imme	diate	(b)_	1 11115	CMO					
		cause (a), stating underlying cause	last.	DUE TO, O	R AS A CONSI	EQUENCE OF					
		DART 2 OTHER SIGNIE	EICANIT CO	NIDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR	CONDITION G	IVEN IN PART 1:	0:
	Z	- 2 / 3	22	· · · · · · · · · · · · · · · · · · ·	Ti	Sen	LO RELATED TO THE TERM	WIII VAL DISEASE ON	CONDITION	714514 1141 7417 71	0
	CERTIFICATION	190 DATE OF OPERATION	ON	19b COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY		ES, WERE FINDI	
1	JFIC.							YES I NO		TIFYING CAUSES YES 🏻	OF DEATH?
청	CERT	21a. ACCIDENT WAS UNDER	RLYING	21b, TIME C			21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM 1	B PART I OR PART 2)	
11	-	OR CONTRIBUTING CAL		n	M. MONTH	DAY YEAR					
/	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY	**	211 LOCATION		Y OR TOWN	COUNTY	STATE
П	¥.	WHILE NOT WHILE		(AT HOME, ST	REET FACTORY, OF	FICE FARM ETC )	STREET	(ا م	YORTOWN	COUNTY	STATE
- 1		220 L certify that (I) (t		il) attended th	ne deceased fr	am 6	1385	£ta6	23	19 8	that (I) (we) last
-1		saw the deceased	alive an_	612	<u>Y-</u>	467	nd that in (my) (but) opinion	death accurred an	the date and h	aur and fram the	causes stated
- 1		abave, (I) (we) (dia 22b. SIGNATURE	(did nat)	view the body	after death.		DEGREE			22¢ DATE	SIGNED
		n 04	BV	(	-	1	7 OATTENDING BHYSICIAN	MEDICAL	STAFF	6	170/04
$\dashv$		22d PHYSICIAN'S NAA	AE (TYPE OR	PRINIA	0021	/	22e ADDRESS	CIRECTOR L P	HYSICIAN [		103/01
		Rhop	+ 1	120	MOC	ckyre	18136	1. 13	. P.o	81620	Mall
+	22- 0	URIAL, CREMATION, RE	3 )	23b. DATE	-		EMETERY OR CREMATORY	23d. LOCATIO	N	1	
		ORIAL, CREMATION, RE	EWOVAL	6/26/		BETH	EL MEM. PARK	PANTO	ÄLLSTOW	COUNTY	STATE
			marran					TE REC'D_BY REGIS			MD MD
	47 1 4	NAME 6010 REIST	EVINS	SUN & E	BAITT	MODE MI	(21215)	N 2 7 198	4	Javiace - 1	1
		OUTO KETOI	LCZI	י מע אוור	DALIII	MUKE, MI	1. (71712)		4		

DHMH - 16 50M 4/83 (VRA 15, 4)

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After this certificate has been signed by the attending physician and ca

and the detached for use as the burial-transit permit. Then please remove carbon papers. Pages, the brine Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event,

marked ar Item

MPOFTANT: If Item 21 is

may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR XC 21	.3 03 4206	CERTIFI	CALE OF DEATH		REG. NO.			
1. DECEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF D		G HINC	AY YEAR	2b. HOUR
WALTON	ROGER	MIST	TER JR.	JUNE	25	198	R.A	3:00 A M
3. SEX	4. RACE	5. DATE OF	BIRTH	6 AGE (IN YEA		DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MALE	WHITE	DECEMB	3ER 20, 1918		6.5	YRS.	ONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8.		9 BALTIMORI			OF DEATH	
COUNTRY)	II C A	WIDOWED	NEVER MARRIED DIVORCED	DATETA	-	OT 73 7003		
MARYLAND  JO. CITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, NURSI			BALTIM 120 USUAL OC				MD.  OF BUSINESS OR
FORE HOUSE	IF NOT IN SUCH FACILITY, GIVE STREE			(TYPE OF WORK F		VORKING LIFE		
FORT HOWARD USUAL RESIDENCE (IF NURSING HOME OR	VA MEDICAL CENT			MECHAN	IC		IMAINT	ANENCE
13a. STATE	VIY 13c. CITY OR TOV	WN I		13e.STREET AD	DRESS / Z	IP CODE		
	ARUNDEL PASADEN		YES NO	133 DA	LE RO	AD (	21122	)
FATHER'S NAME	MIDDLE LAST		<ol> <li>MOTHER'S MAIDEN NAME FIRST</li> </ol>		WIDDLE		ĘAS	of
WALTON RO	GER MISTE	R SR.	ETHEL		I.		BOSLE	Y
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS			
YES WWII		4206	Evelyn Mis	ster (s	same	as 1	.3e)	
	nly one couse per line for (o), (b), o	nd (C)					BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) COR PULM	ONALE					MON	THS
	DUE TO, OR AS A CONSEOL	IENICE OF						
Conditions, if any, which			CTIVE LUNG DI	SEASE			YEA	RS
gove rise to immediate couse (a), stating the	)							
underlying couse last	DUE TO, OR AS A CONSEOL	JENCE OF .						
PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE (	OR CONDI	TION GIVE	N IN PART 112	
		<u> </u>	TOTALESTED TO THE TERM	III TAL DIDEADE	OK COMPI	1011011	IN DATE OF	
SEVERE ATHERO	19b. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOP	SY?	206 IF YES	, WERE FINDIN	VGS USED
윤				YES X	ПОИ	IN CERTIFY YES	YING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	<del>- i</del>	21c HOW INJURY OCCURE					110
OR COLUMN TO CALLER OF OR				(				
OR CONTRIBUTING CAUSE OF DEA	P.M. 21e. PLACE OF INJURY	19	211 LOCATION					
WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE.	FARM, ETC }	STREET		CITY OR TOWN	į.	COUNTY	STATE
AT WORK AT WORK								
220 I certify that (I) (this hospi	JUNE 25	MAY 2					~	that (I) (we) last
obeve, (I) was did did no	it) vigo the body after death.	, ond	that in (my) (aur) apinion (	death occurred	on the dote	ond hour	and I om the	couses stoted
22b. SIGNATURE	ful	D	EGREE	MEDICAL	CTAFF		22c DATE	SIGNED
-torker			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NK	6/25	/84
THE PHISICIAN'S NAME (AND	DE PROPETS		77e ADDRESS					
CHERUKOTH V.J.	VERGHESE, M.D.		VA MEDICAL C	ENTER,	FORT	HOWAI	RD, MD	21052
230. BURIAL, CREMATION, REMOVAL	1 1 - 1-1		METERY OR CREMATORY	23d. LOCAT	ION r Iown	7.7	COUNTY	n no date

DHMH - 16 50M 4/B3

retained by the haspital ai TO FUMERAL DIRECTOR.

BP.

(VRA 15, 4)

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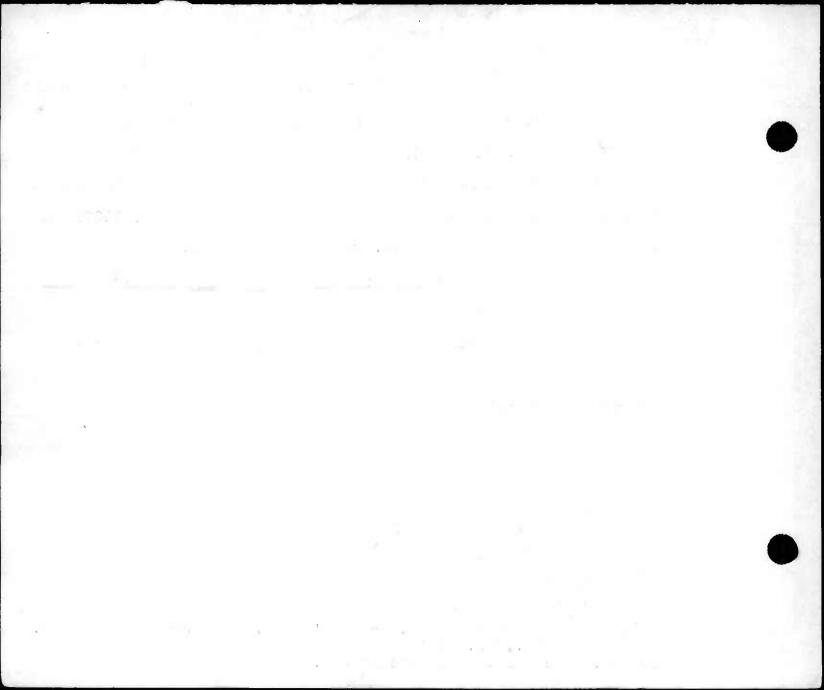
veteran's Cem.

Md.

L | 6/28/84 | Md. Veteran'
ECTOR Balto., Md. 21225
J. Gonce F.H. 4001 Ritchie Hwy. 74 FUNERAL DIRECTOR Seorge J.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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## STATE OF MARYLAND

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REG. NO.					

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENEO 4	1 5	5	7 4
I DEC	CEASED NAME FIRST		MIDDLE	l.	AST	2g. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	MELUI	N	E.	, -	ONEY		06 10	84	9:33 AM
1.50	MALE	WHI	TE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
74, 81	Md.	b. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF	COU	NTY MD.
B	ALTIMORE		HOSPITAL, NURSI CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	Schim Funer	
USU,	AL RESIDENCE IN MERLING HOW ON THE	TO -	ISE SHY OF TOV		134 INSIDE CITY LIMITS? YES SX NO C	3218 Ke		Ave	21213
ワイン	Elmer Mooney	sons	LAST		Anna Stef	wedle	)	LANG	
16a V	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		Value of Sales
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218-09	- 5137	Ethel C. M	looney, sa	me ad		
	PART I. DEATH WAS CAUSEI		r line for (a), (b), or	nd ig is	an fibrillate	ion + As 45	tole	BETWEEN C	MATE INTERVAL ONSET AND DEATH
	4100	DUE TO, C	R AS A CONSEQU	IENCE OF	muncardia	l Infar	+	110	lays
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE 10, C	R AS A CONSEQU	JENCE OF	110700000	27, 19,			/
NO	PART 2 OTHER SIGNIFICANT C		ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	
1000	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OF INJURY .M. MONTH D	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
MEDICAL	21d IN JURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.1 certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did no		19_		nd that in (my) (aur) apinian o	, ta death occurred on the d	, 19 ate and hour a		that (I) (we) last causes stated
	22b. SIGNATURE Andels	moto	, 1	10	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		6/1	o/84
	S. M. de	e la l	lonte		St. Joseph	Hospital.	Balt,	more	mo
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 6/1			Redeemer	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Schimunek Fur 3331 Brehms 1	neral	Home, I	nc.		E REC'D. BY REGISTRAR			

DHMH - 16 50M 4/B3 (VRA 15, 4)

to FUNERAL DIRECTOR should be detached for use with the State Dept. of Hea APCRIANT: If them 21 is

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gradula passuración.		Tele !	W-1912		
Labell starters in					
M. Dunger Joseph W.					1-2
Add to the second					

	1-	FOR STATE REGISTRAR	DE	PARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 3 9 5
		CEASED NAME FIRST Kenneth	WIDDLE		TON	June 21, 1984	DAY YEAR 26 HOUR 6:26PM
	3. SE)	MALE	Whi To	S. DATE (	OF BIRTH  14 - L896	6. AGE (IN YEARS LAST BIRTHDAY)  88  YRS	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1	Ni	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE		Baltimore City <u>or</u> county  Baltimore Cou	unty MD.
1	1	BALTO,	11. NAME OF HOSPITAL, I I IF NOT IN SUCH FACILITY, GIV FRANKLIN	Soup	Re Hospital	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
5	13a. S	Md -	NTY 13c. CITY O		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	
20	2	THER'S NAME FIRST	MOR.	TON	15. MOTHER'S MAIDEN NAA	UNKHOWN	LAST
2	10	(IF YES, GIV	MED FORCES? 166. SOCIA W. I 2/3	-28-0491	His Dorothy M	7	Hamilton ave
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	n av		ry Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		<u>hōpneumo</u>	nia and conges	stive heart failu ed	ıre
	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED EYING CAUSES OF DEATH? SS NO
9	MEDICAL CES	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE)  216. INJURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (EMTER MATURE OF MUTANT RATION   REM 18 P	ART I ORPARI ?)
	MEI	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspi	(AT HOME, STREET, FACTORY,		15. 19 84	city or town	COUNTY STATE
		sow the deceased glive on	June 21	_1984_, o		death occurred on the date and hou	19 84 that (I) we lost ir and from the couses stated
,		22d. PHYSICIAN'S NAME (TYPE O	-6,4,4		ATTENDING PHYSICIAN 2226, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6.21.84
		L. Albert	- CABIB		9000 Frank	clin Square Drive	- 21237
		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	136. DATE Junie 26, 198		TIMORE CEM.	23d. LOCATION CITY OR TOWN BAITIMORE	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this of should be detached for use as the burnth the State Dept. of Health and My

IMPORTANT: If them 21 is

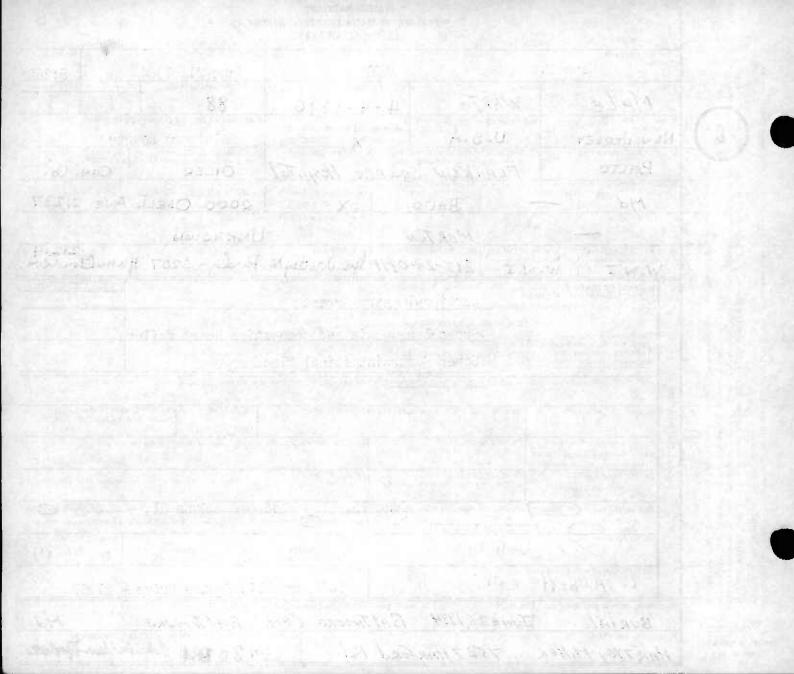
230. BURIAL, CREMATION, REMOVAL
(SPECEY)

24. FUNERAL DIRECTOR

HAR TIEY MilleR

7527 HARford Rd.

23d. LOCATION
CITY OR TOWN
BAITMORE

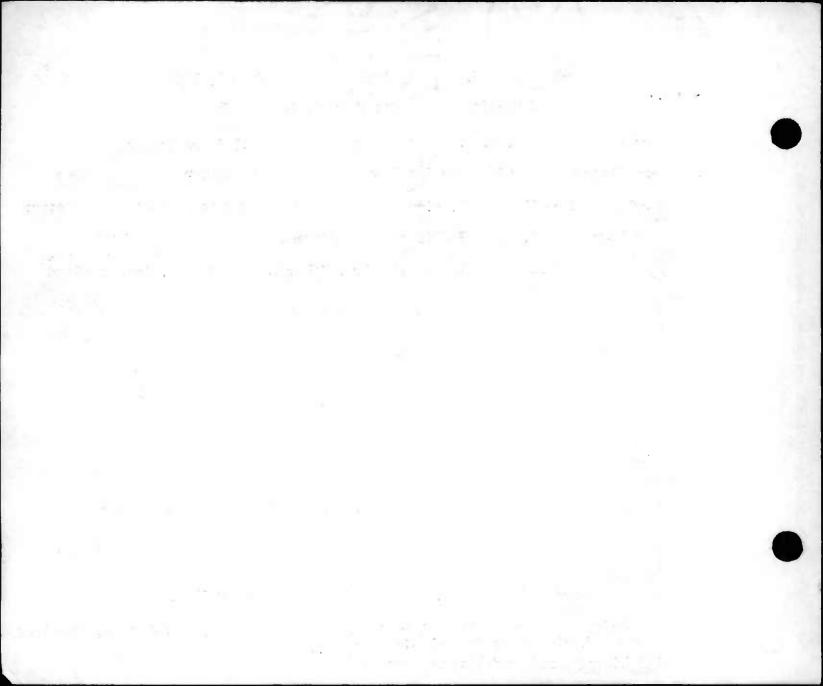


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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	# SKOTA
	<b>₹</b> EBDES
	AK SEERA
	MODEL S
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESTRECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH PHE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W- PROFILED BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	DH 4 HO
	A POPE -
	E 3 6 F 4 6

1-	FOR STATE REGISTRAR		DEPARTME	NT OF HEALT		NTAL HYGIE		REG. NO.	5 3	9	6
	CEASED NAME F	IRST	MIDDLE		LAST		20 DATE	NOWN (V	MONTH D	DAY YEAR	Zb. HOUR
{TYF	E OR PRINT)	11CHAEL	Bruce	MURP	HY	Sr.	OF DEATH	ESTI-	6-27	-84	
3. SEX		5. DATE OF BIR	TH 6. A	GE (IN YEARS IF L	NDER 1 YR.	IF UNDER 24 HRS	5. 2c. DATE PRONOUN			DAY YEAR	11:30
	ale Whit	e Sept 2	27, '42	41 YRS.	UNIS UNIS	HOURS MIN	DEAD			19	11.5C
	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8. MAR	RIED X NEV	ER MARRIED	9 BALTIMO	DRE CITY OR	COUNTY	OF DEATH	
M	aryland	U.S			WED 🗌	DIVORCED [		imore C			MD
10 C	TY OF TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESSI		och Fo	OR MOST OF WORK		- WORK 12b.	OR INDUST	JSINESS IRY
ISUA	TOWSON	Grea		more Ger	erat II	osp. S	uperv	isor_	Re	ecycli	ing
3a. S	TATE 13b	COUNTY  1timore	13t. CITY OR	TOWN	13d INSIDE CIT		TREET ADDRES	s ork Ro	ad a	7110	5
	THER'S NAME			THE	15. MOTHE	R'S MAIDEN NAM	WE				
	John	B.	Murph	īV		erine	All	DDLE	Mue	eller	
	VAS DECEASED EVER IN U		166 SOCIAL	SECURITY NO. 10-4593	17. INFORM		hv.Ma	ADDRESS OU YOU	ork R	Road	21165
	18 CAUSE OF DEATH (Er	nter anly ane cause per	line for (a) (b) an	d (a) )	-	~			T	APPROXIMAT BETWEEN ONSE	E INTERVAL
	PART I DEATH WAS C	AUSED BY: AEDIATE CAUSE (a)	Arterios	cleroti	cardi	ovascula	ar dise	ase		det inter direct	TA-DUCKIII
			OR AS A CONSEC	DUENCE OF							
	Canditians, if any, gave rise ta imm	ediate (b)_									
	lying cause last.	DUE TO,	OR AS A CONSEC	DUENCE OF							
	PART 2 OTHER SIGNIFICANT CON	(c)	ATTI AUT DOT BELLICO	O THE TERMINAL OVER							
N	PART 2 OTHER SIGNIFICANT COM	OITIONS CONTRIBUTING TO DE	AIN BUT NUT RELATED T	U INE TERMINAL DISE	ISE OR CONDITION	GIVEN IN PART 1 (a).					
CERTIFICATION	19a. DATE OF OPERATION	196 COI	NDITION FOR WHI	CH OPERATION	WAS PERFORA	AED?			2	20 AUTOPSY	?
TIFIC			*							YES X	NO 🗆
	210. EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAUS	HOUR	E OF INJURY A.M. MONTH DA P.M.	Y YEAR	HOW INJURY	OCCURRED LENTE	ER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED	21e PLA	CE OF INJURY (A		OCATION STREET		CITY OR TOW	*1	COUNTY		STATE
2	WHILE AT WORK	LE STATE	TACIONI, I AKM, ETC.)		JINEET		CITTORION	N	COUNTY		STATE
		charge of the remains	described abave, t	neld an Auto	psy .	Inspection .	Inquiry	, and in	n my apinia	an	
	death resulted fram:	Natural causes .	Accident	, Suicide	, Hamici	de . Und	letermined mai	nner .			
	ACTUAL	TOWN THE	Chail	1 1.	TITLE (SP					6-28-	9.1
1	SIGNATURE	majore	JUHY 9	will	M.D. ASS	istant ME	EDICAL EXAM	NER	DATE SIGNED_	0-20-	04
	EXAMINER'S NAME (TYPE OR PRINT)	Margarit	a A. Kore	LL,M.D.	_ADDRESS	111 Penn	Stree	t			
	URIAL, CREMATION, REMO			E OF CEMETERY		RY 23d.	LOCATION		COUNTY		TATE
	urial	6-30-19	984 Wis	eburg	Cemete	erv W	hite 1	Hall.	Balt		_
24. F	JNERAL DIRECTOR	ADD.	RESS	173	49 12	Se. DATE REC'D.	BY REGISTRAF	256 REGISTE	RAR'S SIGN	VATURE.	
	A. Har	lens tois	New Fre	eedom,	PA J	IL 4	104 gw	ha Davids	210-1	). ·	2
	00					Herri Herri					

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	and the same of th	

	8	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG NO	).	3	) /
( . B	m-s)		CEASED NAME	FIRST	٨	AIDDLE		NST		MONTH DAY	YEAR 2b	HOUR
12 2		_		rah		F.	Mut		June 1, 198			8 PM
ge 4 m	rs off	3 SF	Female		Caucasi	an	5 DATE O	ember 20, ***189	91	YRS	HS DAYS HO	UNDER 24 HRS DURS MIN.
deoth. Pogu	in 72 hou	1	RTHPLACE ISTATE OR FO		U. S.	Α.	WIDOWE	DINEVER MARRIED DIVORCED	Baltimorecuty o	-	DEATH	MD.
softer	lied with	F	TY OR TOWN OF DEAT Randallstow	n /	Meridia		rsing Home of	R OTHER INSTITUTION	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOMEMAKER		26. KIND OF BI NDUSTRY HO	
24 hour	filled in	USU 13a	AL RESIDENCE (IF NURSIN TATE Taryland	G HOME OR LA COUN Carro	OTHER INSTITUTION,	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS /	ZIP CODE Road		21771
ed within	and 2 st	JA. F	Wällter	,	POLE	Pedd	icord	15 MOTHER'S MAIDEN NA Florence	MIDDLE	, and	Keck LAST	
e execut	Poges 1	16a \	VAS DECEASED EVER IN		MED FORCES? WAR OR DATES)		5-9566	Mrs. Helen C.	. Wallace N	ss 4605 1t.Airy,	, Mary I	and
oth certificate	e ottending physicis move corbanpapers totion, ar removal. traumotic event, titte		4272	MMEDIAT	E CAUSE (o)	line for (a), (b)	aveur	Interiorery of	rrist		APPROXIMAT BETWEEN ONSE	INTERVAL 1 AND DEATH  WY
that the de	ed by the offices removingly cremotic or ather trau		Conditions, if ony, gove rise to imme couse (0), stating underlying couse	the lost.	(c)	r as a conse						
edoire	Then p Then p to bur	NO	PART 2 OTHER SIGNI	IFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING	PLANT	S Mulitur	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	
The law rian.	te has been sit permit. Giene prior shows any	CERTIFICATION	190 DATE OF OPERATI	Ä	19b. CONDI	TION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING		
PHYSICIAN: ending physic	riol-tronsi entol Hygi tem 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	LUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21t. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	After this e os the bu ofth and M marked ar	MEDICAL	214 INJURY OCCURRE	£ 🗍	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFF	ICE FARM ETC )	211 LOCATION STREET	CITY OR TO	MN /4	COUNTY	STATE
ATTENDING aspitol or off	n use o Health		22a.1 certify that (I) (		ol) attended the	dekeased fro	1-16	d that in (my) (our) opinion	to	19_	8 / , tho	(I) (we) lost
	ed for		above, (I) (we) (di	d) (did not	) view the body	offer death.	/	DEGREE		ine and noor an	22 CD ATE SUB	
HOSPITAL OR	defach Jetach Flote De		224 PHYSICIAN'S NA	ME (TYPE OF	MV PRINT)	Frls	my	NYV	MEDICAL STAF	F IAN 🗌	6/2/6	7
O HOS etoined	O FUNERAL hould be deto in the State		Mai	urice	Feldma			6610 Cross (	Country Blvd	i.		
-	F 7 1 57	23a.	BURIAL, CREMATION, R	EMOVAL			Lorrair	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		YTAUC	STATE
BP_		24. F	UNERAL DIRECTOR L	rina	Byers	Funeral	Direct	Ore Inc. 250 DAT	Woodlawn E REC'D. BY REGISTRAR	Baltin 256. REGISTRAR	Ore M	aryland
	6 50M 4/83 ( 15, 4)	8	728 Liberty	/ Roa	d Randa	11stown	. Marvl	and 21133 JU		0 .	Son-Rang	



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9	1 -	FOR STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		3	98
		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST		MONTH DAY		b. HOUR
			, I	BERT	DE BIOTH	June 26,			3:37a M
		Female	White	Oct	DE BIRTH - 31 PAY 1900 R	83	MONTHS YRS.		HOURS MIN.
5	Ī	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	WIDOW		Baltimore city o	- County_		MD.
7		TY OR TOWN OF DEATH  OSSVILLE 21237	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Franklin Sq.	(ADDRESS)		Housewife	ON 12b. F WORKING LIFE) INI	KIND OF	BUSINESS OR
5	13a S	TATE 136. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Limore Middle		13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	on Pt. R	d. 2	1220
0	14 FA	Joseph . 300	!Stephansky [AST		15. MOTHER'S MAIDEN NAM	WIDDLE		EAST	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)   [IF YES, GIV	RMED FORCES? 166 SOCIAL SEC 218 01		Marie R. Bar	rett, Daugh		ame	
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL  (b) Pulmonary  DUE TO, OR AS A CONSEOL  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF Edem	a		DITION GIVEN IN	PART lia	
1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH D	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		PART 2)	STATE
		27a 1 certify that XII (this hosp sow the deceased alive or gbove XIX we) (did) XIX XIX (27b). SIGNATURE	OR PRINT)		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAI → DHRECTOR   PHYSIC	FF CIAN []	21. PATES	
		I. Feldman,	123 DATE . 123c	NAME OF (	CEMETERY OR CREMATORY	lin Square I			
	1	Burial	6/29/84 G	arden	s of Faith Cen	netery" OR TOBA]	timore of	8., I	Md. STATE

FA 1407 Old Eastern Avelue 2 1984

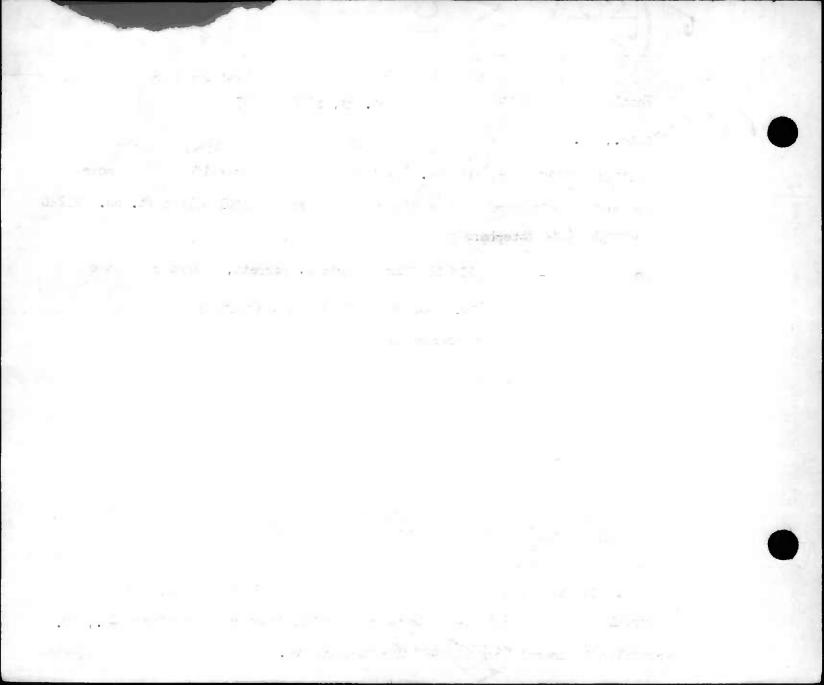
Home

B. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)



		EASED NAME OR PRINT)	Marg		roline NA	AUMANI	V	June 24, 1	984 DAY YE	26 HOUR 6:00
	3. SEX		1	4. RACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24 H
		MALE		WHITE			.0/9/1915	68	YRS.	
	*SĮ	MARYLAND	INP /	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9. BALTIMORE CITY O Baltin	nore Count	у,
7	R	OSSVILLE		FRANKL	IN SOUARE	ADDRESS) HOSP	OR OTHER INSTITUTION PITAL	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	ON 126 KII FWORKING (IFE) INDUS HOMEMAKET	
	13a. S <b>M</b> Z	ARYLAND	13b COUN' BALT	TY	13c CITY OR TOW ROSEDAL	/N	13d. INSIDE CITY LIMITS?  YES NO X	13e STREET ADDRESS / 5929 DAYBR		E 2120
	)	JOHN		AIDDLE .	SMITH		AMELTA	MIDDLE ADDRE		LAST ESSUSSEK
	[4	AS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	213.09.3		OTTO NAUMANN			
		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imp	/AS CAUSED IMMEDIATE which mediate	DUE TO, O	Cardiopuli R AS A CONSEQUE	monary	y Arrest, Ovar		BETY	PROXIMATE INTERVA WEEN ONSET AND DE
2		Conditions, if ony, gove rise to immediate (a), stating underlying couse	which mediate the lost.	DUE TO, O  DUE TO, O  DUE TO, O  CO  DUE TO, O  CO  ONDITIONS CO	Cardiopuli  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E	MONATENCE OF		rian Cancer  INAL DISEASE OR CONI	DITION GIVEN IN PA 20b. IF YES, WERE F IN CERTIFYING CA	RT Ita INDINGS USED USES OF DEATH?
	CERTIFICATION	Conditions, if ony, gove rise to immrcause (a), statin underlying couse	Which mediate the lost.  NIFICANT CO	DUE TO, O  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME C HOUR A.	Cardiopult  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH	MONA TO	y Arrest, Ovar	INAL DISEASE OR CONI	DITION GIVEN IN PA  206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO []
?		Conditions, if ony, gove rise to impresse (a), statin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNK OR CONTRIBUTING	which mediate ig the lost.  NIFICANT CO	DUE TO, O  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME CO HOUR A. P. 216. PLACE	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F	MONAY ENCE OF ENCE OF DEATH BUT OPERATIO  AY YEAR 19	y Arrest, Ovar  NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCURR 211 LOCATION STREET	INAL DISEASE OR CONI	20b. IF YES, WERE F IN CERTIFYING CA YES	RT 1(a) INDINGS USED USES OF DEATH? NO [
2	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (FETHER, NOTIFY MED)  21d. INJURY OCCURENT WAS UNIOR CONTRIBUTING (1)	Which mediate go the lost.  NIFICANT CO	DUE TO, O  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME C HOUR A.  216. PLACE (AT HOME, STI	Cardiopult  OR AS A CONSEQUE  ONTRIBUTING TO DE  OTHER WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F	MONA PLENCE OF ENCE OF DEATH BUT I OPERATIO  AY YEAR 19 FARM. ETC.)	y Arrest, Ovar  NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCURR 211 LOCATION STREET	TIAN CANCER  INAL DISEASE OR CONI  200 AUTOPSY?  YES NON  CHY OR TO	206. IF YES, WERE FIN CERTIFYING CA YES  YIN ITEM 18 PART I OR PAI WWN COUN 24 19 84	INDINGS USED USES OF DEATH? NO TO STATE  That (Make the courses state)
27	CERTIFICATION	PART I. DEATH W  Conditions, if ony, gove rise to impressed to impress	which mediate and the lost.  NIFICANT COLOR CALEXAMINER RED  (this haspite and did) (dx ) Add	DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  19b COND  19b COND	Cardiopult  OR AS A CONSEQUE  ONTRIBUTING TO DE  OTHER WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F	monary ENCE OF ENCE OF  DEATH BUT H OPERATIO  AY YEAR 19 FARM. ETC.)  June 84	y Arrest, Ovar  NOT RELATED TO THE TERM ON WAS PERFORMED  210 HOW INJURY OCCURR  211 LOCATION STREET  18, 19 84  nd that in (Xy) (our) opinion of the physician	TIAN CANCER  INAL DISEASE OR CONI  200 AUTOPSY?  YES NON  CHY OR TO	20b. IF YES, WERE FIN CERTIFYING CA YES  VIN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PART TO STATE OF THE COUNTY IN ITEM 18 PART I OR PA	RT Ito  INDINGS USED USES OF DEATH?  NO   ITY  STAT
?	CERTIFICATION	PART I. DEATH W  Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING OF CONTRIBUTING OF COUNTY  21d. INJURY OCCUR!  WHILE NOT WHAT WORK NOT WHAT WORK AT WO  22a. I certify that (!! sow the decease obove, (!) weeks (2b. SIGNATURE)  22b. SIGNATURE	which mediate g the lost.  NIFICANT CO	DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  19b COND  19b COND	Cardiopula  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  REET. FACTORY OFFICE, F  The deceased from 19  Totter death.	monary ENCE OF ENCE OF  DEATH BUT H OPERATIO  AY YEAR 19 FARM. ETC.)  June 84	y Arrest, Ovar  NOT RELATED TO THE TERM ON WAS PERFORMED  211 LOCATION STREET  18, 19 84  nd that in (My) (our) opinion of DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS	TIAN CANCER  INAL DISEASE OR CONI  200 AUTOPSY?  YES NON  RED (ENTER NATURE OF INJUR  CITY OR TO  To June 2  deoth occurred on the do	206. IF YES, WERE FIN CERTIFYING CA YES  YIN ITEM 18 PART I OR PAI TOWN COUN 19 4 19 4 22c. I	INDINGS USED USES OF DEATH: NO TO STAIL  TY STAIL  that (X)(we not be coused state.)

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		CEASED NAME	FIRST	-	MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOU
			s. Ru		a Neeb	I course	\$ DIDTU	Jime 1		F UNDER 1 YEAR	. 5- YE
	3. SE			4. RACE		S. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS
1		RTHPLACE (STATE OF	P SOPEIGN	Caucast	WHAT COUNTRY	0 0	st 12 1915	9. BALTIMORE CITY C	YRS.	OF DEATH	
R	-	country)	N TOREIGH		WITAT COOTVIK	MARRIE	D NEVER MARRIED				
F		ITY OR TOWN OF DE	EATH			ING HOME	OR OTHER INSTITUTION	Paltimore (	ION		OF BUSINE
55	R	andallstown		Paltim	re County	Conoral	Hospital	Homeraker	OF WORKING LIFE	INDUSTRY	
	USU.	AL RESIDENCE (IF NUI	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
35		aryland	Balti		Woodla		YES NO T	2025 Frales	avA from	me	2120
26		ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			ST
	_	Ifred Davis	RINUSAR	MED FORCES?	16b. SOCIAL SEC	URITY NO	Elma Van Bus		ESS	_	
	- (	YES, NO OR UNKNOWN)		E WAR OR DATES)			17. IN ME. Anthony				2120
	N	<u> </u>	1.		215-09	-5944 A	2025 Figlew	od Avenue E	altimon		Mary I
*		Conditions, if on gove rise to in cause (a), state underlying course	y, which nmediate ting the	(b)_	R AS A CONSEO	UENCE OF	myo cardi	, , , ,	rction		
*		gove rise to in couse (a), stat underlying cous	y, which nmediate ting the se last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEO	UENCE OF	myo cashi	al Infen		N IN PART 1	
	NOI	gove rise to in couse (a), stat underlying cous	y, which nmediate ting the se last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEO	UENCE OF	9	al Infen		N IN PART 1	la
	ICATION	gove rise to in couse (a), stat underlying cous	y, which nmediate ting the sse last.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEO R AS A CONSEO DITRIBUTING TO	UENCE OF	myo cashi	al Infen	DITION GIVE	WERE FINDI	INGS USED
9	RTIFICATION	gove rise to in couse (o), stot underlying cous PART 2. OTHER SIG	y, which namediate ting the se lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEO PR AS A CONSEO DITTIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, IN CERTIFY YES	WERE FIND	INGS USED
90	L CERTIFICATION	gove rise to in couse (o), stot underlying couse	y, which nmediate ting the se last.  GNIFICANT (	DUE TO, O  (b)  DUE TO, O  (c)  196 CONDITIONS CO	R AS A CONSEO  R AS A CONSEO  DITTIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, IN CERTIFY YES	WERE FIND	INGS USED
9		gove rise to in couse (a), statunderlying couse PART 2. OTHER SIGNATE OF OPER.  21a. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MEI	y, which nmediate ting the see last.  GNIFICANT (  ATION  NDERLYING [ ] CAUSE OF DEAD DICAL EXAMINER	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  196 COND  197 COND  198 COND  198 COND  198 COND	R AS A CONSEO  ONTRIBUTING TO  IT ION FOR WHICH  IT INJURY M. MONTH M.	UENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE TERM NOT WAS PERFORMED  21c. HOW INJURY OCCUR	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, IN CERTIFY YES	WERE FIND	INGS USED
99	MEDICAL CERTIFICATION	gove rise to in couse (o), stot underlying cous PART 2. OTHER SIG 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY ME) 21d. INJURY OCCU	y, which mediate ing the see lost.  GNIFICANT C  ATION  IDEALS OF DEAL OF THE SEARCH IN THE SEARCH I	DUE TO, O  (b)  DUE TO, O  (c)  196 CONDITIONS CC  196 COND  216 TIME O  HOUR A.  P.  210 PLACE	R AS A CONSEO  ONTRIBUTING TO  IT ION FOR WHICH  IT INJURY M. MONTH M.	UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, IN CERTIFY YES	WERE FIND	INGS USED
99		gove rise to in couse (o), stot underlying cous PART 2. OTHER SIG  19a. DATE OF OPER.  21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY ME) 21d. INJURY OCCU WHILE NOT AT WORK  22a.1 certify that (	y, which namediate ing the see last.  GNIFICANT (  ATION  ATION  INDERLYING [  ] CAUSE OF DEADICAL EXAMINER RRED  WHILE [  VORK	DUE TO, O  (b)  DUE TO, O  (c)  19b COND  19b COND  ATH HOUR A.  P.  21e PLACE (AT HOME, STI	R AS A CONSEO  ONTRIBUTING TO  ITION FOR WHICH  ITION FOR	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR 21f. LOCATION STREET	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJUINATION TO	20b. IF YES, IN CERTIFY YES	WERE FINDI	INGS USED S OF DEATH NO
99		gove rise to in couse (o), stot underlying cous PART 2. OTHER SIG  19a. DATE OF OPER.  21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY ME) 21d. INJURY OCCU WHILE NOT AT WORK  22a.1 certify that (	y, which namediate ing the see last.  GNIFICANT (  ATION  ATION  INDERLYING [  ] CAUSE OF DEADICAL EXAMINER RRED  WHILE [  VORK	DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  19b. COND  ATH HOUR A. HOUR A. (AT HOME, STI	R AS A CONSEO  ONTRIBUTING TO  ITION FOR WHICH  ITION FOR	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJUINATION TO	20b. IF YES, IN CERTIFY YES	WERE FIND! (ING CAUSE:  RT I OR PART 2)  COUNTY  9 Y Ond from the	INGS USED S OF DEATH NO
		gove rise to in couse (0), stot underlying couse (1), stot underlying couse (1), stot underlying couse (1), stot underlying couse (1), stot underlying (1),	Oy, which namediate ting the see last.  GNIFICANT ( ATION  ATION  INDERLYING [  ] CAUSE OF DEADICAL EXAMINER RRED  WHILE [  VORX   (1) (this haspin assed olive on (did) (did no (did))	DUE TO, O  (b)  DUE TO, O  (c)  19b COND  19b COND  ATH HOUR A.  P.  21e PLACE (AT HOME, STI	R AS A CONSEO  ONTRIBUTING TO  ITION FOR WHICH  ITION FOR	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREET  19 800  nd that in (my) (our) opinion DEGREE  ATTENDING	WINAL DISEASE OR CON  200 AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJUINATION TO	20b. IF YES, IN CERTIFY YES OWN Jote and hour	WERE FIND! (ING CAUSE:  COUNTY  9  Ond from the  22c. DATI	INGS USED S OF DEATI NO
		gove rise to in couse (0), stot underlying couse (1), stot underlying couse (1), stot underlying couse (1), stot underlying couse (1), stot underlying (1),	Which namediate ing the see last.  GNIFICANT (  ATION  ATION  MORELYING  CAUSE OF DEA  DICAL EXAMINER  RRED  WHITE   (I) (this hospi  assed olive on (did) (did no	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b COND  21b. TIME O  HOUR A:  P.  21e. PLACE (AT HOME. STI	R AS A CONSEO  ONTRIBUTING TO  ITION FOR WHICH  ITION FOR	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 801  nd that in (my) (our) opinion  DEGREE  ATTENDING	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR IC  CITY OR IC  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES OWN ote and hour	WERE FINDI (ING CAUSE: BY LOR PART 2)  COUNTY  Ond from the	INGS USED S OF DEATH NO CONTROL (I) (we couses sto E SIGNED 1318/L
		gove rise to in couse (o), stot underlying coust part 2. OTHER SIGNATURE OF OPER.  21a. ACCIDENT WAS UITOR CONTRIBUTING (IF EITHER, NOTIFY MEI AT WORK AT WORD WORK AT	Which namediate ing the see last.  GNIFICANT (  ATION  ATION  MORELYING  CAUSE OF DEA  DICAL EXAMINER  RRED  WHITE   (I) (this hospi  assed olive on (did) (did no	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b COND  19b COND  21b. TIME O  HOUR A.  P.  21e. PLACE (AT HOME, STI	R AS A CONSEO  ONTRIBUTING TO  ITION FOR WHICH  ITION FOR	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 800  nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22c. ADDRESS	WINAL DISEASE OR CON    200 AUTOPSY?     YES   NO       RRED (ENTER NATURE OF INJUIT   to   deoth occurred on the d	20b. IF YES, IN CERTIFY YES OWN ote and hour	COUNTY  9 XU  ond from the	INGS USED S OF DEATH NO CONTROL (I) (we couses sto E SIGNED 1318/L
	WEDICAL 230. E	gove rise to in couse (o), stot underlying coust part 2. OTHER SIGNATURE OF OPER.  21a. ACCIDENT WAS UITOR CONTRIBUTING (IF EITHER, NOTIFY MEI AT WORK AT WORD WORK AT	y, which mediate ing the se lost.  GNIFICANT (  ATION  INDERLYING [  ] CAUSE OF DEA  DICAL EXAMINER  RRED  WHILE [  //ORK  I) (this hospi  seed olive on (did) (did no  NAME (TYPE O	DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  1	R AS A CONSEO  R AS A CONSEO  DITION FOR WHICH  IT INJURY M. MONTH M.  OF INJURY RET. FACTORY, OFFICE  deceased from  3  19.	UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  E. FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 800  nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22c. ADDRESS	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR IC  CITY OR IC  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES OWN ote and hour	WERE FINDI (ING CAUSE: BY LOR PART 2)  COUNTY  Ond from the	INGS USED S OF DEATH NO CONTROL (I) (we couses sto E SIGNED 1318/L

DHMH - 16 50M 4

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(VRA 15, 4)

Partitions (Lorday Council The goal) reside Contract Eber Ven Besch 25-09-17W A 2015 Brithood Morne Butthoon Boyland 2.113

deoth. Page 4 may be

					STATE	OF MARYLAND				
1-	FOR STATE			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö 4	1	5 4	0
	REGISTRAR					ASI		. NO.	DAY YEAR 196	1
	CEASED NAME OR PRINT)	FIRST		BIDDLE			20. DATE OF DEATH		20.1	HOUR
		NORMA		lbert N	ELSON			6/13/8		:10Pm
3 SE	(	4. R	RACE		5. DATE O		6 AGE (IN YEARS LAST	[ BIRTHDAY]	MONTHS DAYS HOR	NDER 24 HRS.
	Male		White		Oct	. 13 1917	66	YRS.		
	RTHPLACE   STATE OF F	OREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	ew York		USA		WIDOWE		BALTIM		OUNTY	MD.
10 CI	TY OR TOWN OF DEA	TH 11.		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a: USUAL OCCUP		12b. KIND OF BU	ISINESS OR
49	TOWSON		GBMC	6701 N	CHAP	RLES	Enginee	r	Manufa	cturing
USU,	AL RESIDENCE (IF NURS	ING HOME OR OTH		THE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP COD	DE .	
	ryland	Baltin		Cockeys					n Circle,	21030
14. F	THER'S NAME	MIDE	VIE	LAST		15. MOTHER'S MAIDEN NA			LAST	100
	Olaf	MIDL	At	Nelson		Matilda	Olivi		Bjarivm	
	VAS DECEASED EVER			16b. SOCIAL SECU		17 INFORMANT	AD	DRESS		
1	VES, NO OR UNKNOWN)	JIF YES, GIVE W	AR OR DATES)	173-10-	2621	Ruth R. Nel	son. 1033	7 Mal	colm Circ	ele
	18. CAUSE OF DEAT PART I. DEATH W  Conditions, if only, gave rise to imm cause (a), stating underlying cause	AS CAUSED B IMMEDIATE C , which mediate ig the	Y: (AUSE (o)  DUE TO, OR		NCE OF	JLMONARY ARI		21030	APPROXIMATE BETWEEN OMSET	
NO	PART 2. OTHER SIGN	NIFICANT CON	NDITIONS <u>CC</u>	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	IVEN IN PART IIa	- 1
MEDICAL CERTIFICATION	196 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERT	ES, WERE FINDINGS IFYING CAUSES OF I (ES \( \) N	
S. C.	21a. ACCIDENT WAS UNI		216. TIME OF	INJURY A. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART ( OR PART 2)	- 100
¥	OR CONTRIBUTING ( ) ( (IF EITHER, NOTIFY MEDI		P.A		19					
MEDIC	21d. INJURY OCCURI	THE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
	22a.   certify that (I)		attended the	deceased from	6/1	2 19 84	6/1	3	19 <u>84</u> , that	(I) (we) last
	saw the decease above, (1) (we) (	ed alive on	6/13	19.8	4, or	nd that in (my) (aur) opinion	death occurred on th	e date and ha		1
	226. SIGNATURE		iew the body	direct dedition.		DEGREE			22c. DATE SIGN	NED
	210	le	1	NO		ATTENDING PHYSICIAN [	MEDICAL S	STAFF SICIAN A		1000
	224. PHYSICIAN'S NA	AME ITYPE OR PR	INT)			22e. ADDRESS				
	DRH	. CLAR	RK			GBMC				

23c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley Cem.

23d. LOCATION

Timonium

250 DATE REF DEBY 1985 PARTS PEGGERAL SOCIAL VIRE

Balto.

for use as the burial-transit permit. Then please remave corbanpapel of Health and Mental Hygiene prior to burial, cremation, ar remaval. or Hem 18 TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Mealth and M etained by the HOSPITAL MPORTANT: DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

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medi

troumatic event,

other

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shows ony

nding physician and corbandoppers. Pages

Lowell Lemmon, 10 W. Padonia Rd.

18/84

236. DATE

PROTE + SALETA Maria 1 three Maria 12 1917 to the little of 10 miles 1 mil Tariffe in the second of the s I arguand satisfies a concept to a constant and satisfies a state of the satisfies and satisfies a sat Melica Curva District 1 - 19- 671 (151 (152), 1 ) - 2 (25) to Alberta u ... u contant de la transferior de la contant de la cont 

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3			20		18	-
5	den g	- 1	2	200	U	6
	PEG NO					

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDLE		MANN	20 DATE	OF DEATH MONTH	DAY	YEAR	26 HOUR
	HEI	RBE,	RT Ex	rnest	P.	EUMAMA		6	20	84	3:30 A
3. SE	X	V T	4 RACE		5. DATE O		6 AGE (	IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
	Male		Whit	te	Oct.		1	82 ,	RS	DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIA	MORE CITY OR COU	INTY OF I	EATH	
	Maryland		U.S.	. A.	WIDOWE		<u> </u>	Baltimo	re Co	unty	MD.
10 C	ITY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION		AL OCCUPATION	12	b KIND O	F BUSINESS OR
	ockeysvill		13801	York Rd.	Apt.	P1		vork for most of worki	NG LIFE) IN	Ut	ility
13a S	AL RESIDENCE (IF NURS	13b COUN	VTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS	? 13e STREI	ET ADDRESS 1 York Rd		2	14070
1) E	Maryland ATHER'S NAME	ватт	imore	Cockeysv	ттте	YES NO NO		TI TOPK RO	•		1030
100	Frank		MIDDLE	Neuman	n	15. MOTHER'S MAIDEN	NAME	WIDDLE	V	/eigĥ	andt
	WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	50	7 Chadwic	k Rd.		
	NO OR UNKNOWN)	(IF YES, GIV	(E WAR OR DATES)	212-05-6	639	Bettie Byen	rly I	imonium,	Maryl	and	21093
	Conditions, if ony, gove rise to improve (o), stating underlying couse	mediote ng the lost	(b) C	R AS A CONSEQUE	NCE OF	ankery a	Dese	are as complying	CIVENIA	I DAOT 1	
20	Cerel	- Q		rular		man Affec	KWIINAL DISE	ASE OR CONDITION	GIVEN	PARTIG	0
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	00 AL	INCE			GS USED OF DEATH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	ATT.	M. MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART I C	OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
	220 I certify that (I) sow the decease above, (I)(we)(ic 226 SIGNATURE)	ed olive on	/ / /	9 190	-	nd that in (my) (our) opinion	on death occu	rred on the date and		-	
(	234 PHYSICIAN'S N	AME (TYPE C	RPKINI	ww	)_	ATTENDING PHYSICIAN 220 ADDRESS		AL STAFF OR PHYSICIAN		0/2	0/84
	F. S/	40:	2771	en	)	100	ol	med			
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATOR		CATION LITY OR TOWN	COL	NIY	STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filler is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows

Burial June 22,

1984 Druid Ridge Cem.

23d LOCATION
CITY OF TOWN
Pikesville

Baltimore

Md.

Eckhardt Funeral Chapel 25a. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Owings Mills, Md. 21117

BEE 1/8 05	*,	de la constant	- Janeti	13/63	150
		11, 1901	. 0		0.548
glameD en		- L			Strylight
Utility	Supervisor	19	. ch . de . noï	10801	llimgum
orars.	til strot roser		ed filtrary pipe 3	Enlimore	heafyrall.
Meighends : 10. Maryland 2409	o in had a POP		06597507012		Hours.
	Yours.				
				j.	1
	PALEDY CAR		oine du , c	del et la	
	all was bold of	Zemeni in	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		an / 100 A

should be detached for use with the State Dept. of Hea MPORTANT: If Bem 21 is m

10 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE O	FMARYL	AND	
DEPARTMENT OF HEAD	LTH AND	MENTAL	HYGIENE
CERTIFIC	ATE OF	DEATH	

1	1.	STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. N	10.	2. 2. 2
1		EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	1		Evelyn A.	Neumeist	er	June (	5 1984	2:20 M
ı	3. SEX		4. RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDE	R LYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
1	F	emale	Caucasian	Sep	tenber 30 1900	83	YRS	DATE MODES
Ź		OUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY		ATH
3		aryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore	County	MD
7	10. CII	TY OR TOWN OF DEATH		ITAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
7		andallstown	Baltimore	County Genera	l Hospital	Secretery		Hanline Bros.
1	USUA 13a. S	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	1134. INSIDECITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
1		aryland Balti	more City	Baltimore	YES NO NO		gwood Avenu	e 21206
24	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		IAST
A	F	rancis W. Neumeist	er		Emma M. Bru			
)		(AS DECEASED EVER IN U.S. AI	RMED FORCES? 16b :	SOCIAL SECURITY NO.	17 INFARMSburg Lu		RESS	21207
	N	b		215-05-9056 A	6811 Campfi	eld Road	Baltimore	Maryland
1		18 CAUSE OF DEATH (Enter o	nly one couse per line f	ar (o), (b), and (c)	Λ 4		В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
J		PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Saplic Shock						
		5910 DUE TO, OR AS A CONSEQUENCE OF						
-		Conditions, if ony, which (b) Saylice						
		gave rise to immediate cause (a), stating the	ating the Due to, or as a consequence of					
1		underlying couse lost (c) winawy trad where						
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COM	NDITION GIVEN IN F	PART IIo
	CERTIFICATION							
1	ICA	198 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
4	RTIF					YES NO	YES [	NO 🗌
					URY IN ITEM 18 PART I OR	PART 2)		
	MEDICAL	( IF EITHER NOTIFY MEDICAL EXAMINE		19			·	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE [	21e PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN CO	UNIY STATE
	F7- 1	AT WORK AT WORK						*
		220.1 certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19						
		obove, (I) (well (did) (did n	ot) view the body ofter			debin occurred on the		
		1776. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF.					4	c. DATE SIGNED
		27d PHYSICIAN'S NAME CLYPE	3- our	- Carried	PHYSICIAN	DIRECTOR PHYS	CIAN	6-6-45
		GHASSEM		NOTABBE		Co. Gar	old lane	Patriger
	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY SLATE
	В	urial	06-08-84	Baltin	ore Cemetery	Baltimore		Maryland
				ral Directors,	шь.	TE REC'D. BY REGISTRA	R 256 REGISTRAR'S	SIGNATURE
	8	728 Liberty Road I	andallstown,	Maryland 2113	3 .111	N 8 1084	guha David	son-Aandelle

(a) (a) (a)

## off TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon popers. Pagel with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal. equires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or offending physician.

njury, or other troumotic event, the

MPORTANT: If Item 23 is marked as Illeg

FOR STATE REGISTRAR		DEP	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH				
EASED NAME	FIRST	WIOOFE	LAST	20			

	3 11 41
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - STATE CERTIFICATE OF DEATH	
REG. NO.	To the total
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT)	2b HOUR
CARROLL J ISUNSR JUNE 1984	М
3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAT	
DIAL2 WHITE SEPT. 30 1911 72 YRS	
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
MARYLAND U.S.A. WIDOWED DIVORCED BALTINORS LOUN	TY MD
JO. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIFE OF WORK FOR MOST OF WORKING LIFE! INDUSTR	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION)	
130 STATE 130 COUNTY 131, CITY OR TOWN 131 INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE	1021
TARKANO BATTONES HARTYILLS YES INO D 7811 OAK HYZ. 3	BSH
A FATHER'S NAME  FIRST  MIDDLE  LAST  15 MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST	LAST
JOHN DOUDER MAMIE SHE	AW
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	24-24-1
455 W.W.II A705091358 FAMILY RECORDS	
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)	DINGS USED ES OF DEATH? NO   STATE

23¢ NAME OF CEMETERY OR CREMATORY

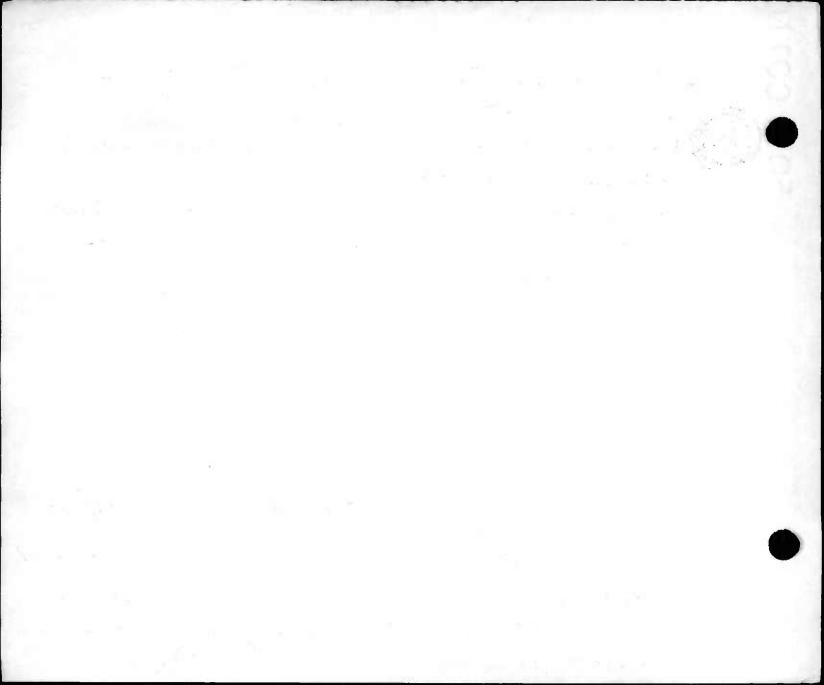
230. BURIAL, CREMATION, REMOVAL BUR, GL BP. DHMH - 16 50M 4/83 (VRA 15, 4)

allam 24 FUNERAL DIRECTOR
EVANS CHE 8800 ARFORD MORISS H

23b. DATE

23d LOCATION CHAPLS 25a. DATE RECID A. RUSISTRAPS SIGNATURE

Julia Davidson-Randelle



3	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 1	5 4 0 5
		CEASED NAME FIRST FLORE	nce Kenneth	Noell	2a DATE OF DEATH MONTH DA	V YEAR 26. HOUR 84 /: 10 - 12 M
	3 SE	Х	4 RACE	5. DATE OF BIRTH		UNDER 1 YEAR # UNDER 24 HRS
,	Fe	emale	White	11 9 1904	79 <sub>YRS.</sub>	
5/1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	Ke	ntucky	U.S.A.	WIDOWE XX DIVORCED	Baltimore Cou	
20	Du	ity or town of death indalk	7 Northship	Road	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
105	13a. S	STATE 13b COL	rother institution, give residence before NTY.  timore Dundal	YN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7 Northship R	oad 21222
	14. FA	ATHER'S NAME Will	West West	15. MOTHER'S MAIDEN NA FIRST Haddie	WIDDLE	Maupin
medicol			IVE WAR OR DATES)	-1486 Dolores G.	Noell Sam	e as 13e
injury, or ather traumotic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		VINAL DISEASE OR CONDITION GIVE	V IN PART I to
ows ony injury	CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT   OR PART 2)
orked or	MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Hem 21 is marked		sow the deceased alive a	n 19	777	death occurred on the date and hour	ond from the couses stated
IT. If frem		22b. SIGNATURE	Conwayty	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
APORTANT: #		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)  Ohway	220. ADDRESS 5 401 Du	ndell ave ba	et,40 2122

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

d rector, page 3 tours ofter deoth

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled i should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk,

23a, BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

MD. 21222

6/15/1984

23d LOCATION
CITY OF TOWN
Baltimore 25a DATE REC'D.

BY REGISTRAR 25h REGISTRAR'S SIGNATURE

9 1984

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and processing				rund salt sales

< to	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 4 0 6				
26/2		CEASED NAME FIRST OR PRINT)	WIDDIE	ŁASŤ	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR				
od be		Grace		RIS	June 18, 1984					
E ( AA )	3. SE:	<b>—</b>	RACE	5. DATE OF BIRTH MONTH DAY YEAR		BIRTHDAY)  IF UNDER 1 YEAR  F UNDER 24 HRS  MONTHS DAYS HOURS MIN.				
800	22. 80	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	2-9-1893	9 BALTIMORE CITY OR COUNTY OF	DEDEATH				
1 1 8/	10.0	NARYLAND	U.S. A	MARRIED NEVER MARRIED						
de de		TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	Baltimore Count	126. KIND OF BUSINESS OR				
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filled in		AL RESIDENCE (IF NURSING DOME OR OT OT THE COUNTY		N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	21234 AVE.				
mpletely pand 2 sh	IA. FA		ERDMAN LAST	15. MOTHER'S MAIDEN NA	3100th	<b>N</b>				
n and co		VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W		10 > 30	ADDRESS	Glendolo Chie				
physicia physicia in papers, smaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), one BY: CAUSE (a) Cardiopul			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
death cer attending ave carbo ation, ar re aumatic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Plocytic Leukemia						
that the		gove rise to immediate couse (a), stating the underlying couse last		NCE OF Gastrointesting Demia and Thrombocy						
equires in signed Then pl	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110				
he law on. has been t permit ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO				
g physical p	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED' (ENTER NATURE OF INJURY IN ITEM 18 PAR	1 ) OR PART 2)				
G PHYS of tending of this of the burner of the burner of the burner of the burner of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI	ZII LOCATION	CITY OR TOWN	COUNTY STATE				
TTENDIN pital ar TOR: Aft far use at af Health	13	220.1 certify that X (this haspital saw the deceased alive an aboye, (I) (we) (did X 10.2 (No.	) ottended the deceased from	June 17, 19 84, ond that in (nX) (our) opinion	death occurred on the date and hour	that ** (we) lost ond from the couses stated				
AL OR A the has a DIREC estached at Dept.		226. SIGNATUNE TUGUSTU	elmer Paris	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	June 18.				
TO HOSPITAL etained by th TO FUNERAL should be deta with the State		22d PHYSICIAN'S NAME (TYPE OR P		22e. ADDRESS '9000 frank		1237				
0 % 0 % x		BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	1234 LOCATION	COUNTY STATE				
BP		BURIAL	6-21-84 P	ARKWOOD CEM.	BALTO., M	D _ STATE				

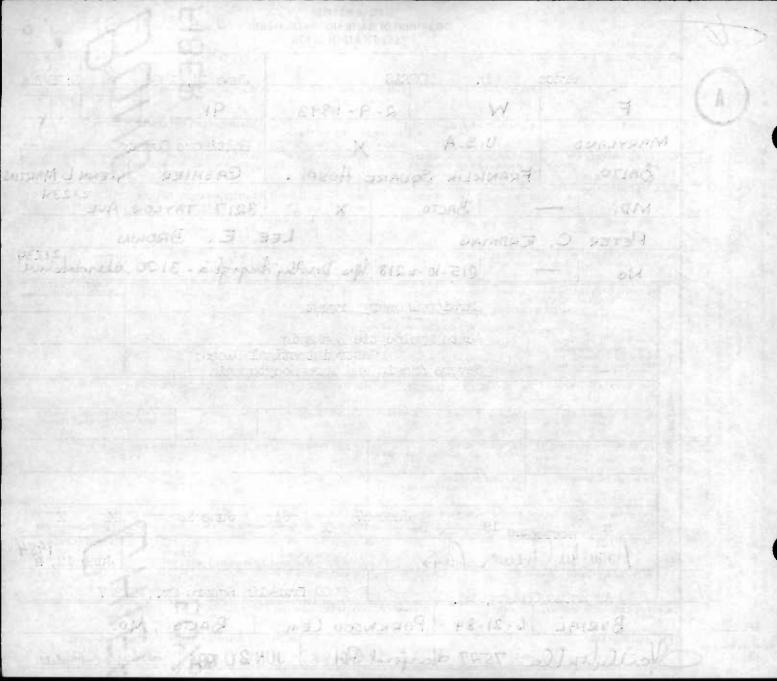
PARKWOOD

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Davidson Rando De



FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

dig.	3	Engl

- STATE REGISTRAR		DUARI	CERTIFICATE O	F DEATH	REG. N	0.		
DECEASED NAME TYPE OR PRINT)  Mrs	. Mable I	middle	nor -		June 2	1004 2	1984	26 HOUR
SEX -	4 RACE		S. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY)	PUNDER I YEAR	IF UNDER 24 HRS
emale	Cauca	sian	May 11 1930	YEAR	54	YRS	ONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTRY	MARRIED NEV	ER MARRIED -	BALTIMORE CITY	R COUNTY	OF DEATH	
brth Carolina			WIDOWED	DIVORCED [	Baltimore O	bunty		N
Ebbville	(IF NOT	OF HOSPITAL, NURSII N SUCH FACILITY, GIVE STREET North Rolling			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homenaker			F BUSINESS O
UAL RESIDENCE (IF NUR L STATE Caryland	SING HOME OR OTHER INSTITU 13b. COUNTY Baltinore	130. CITY OR TOV	VN 13d. INSIE	DE CITY LIMITS?	13e. STREET ADDRESS 2913 North	Rolling	Road	21207
FATHER'S NAME FIRST Borge Blanken	ehip MIDDLE	LAST		IER'S MAIDEN NAMI			LAS	1
WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE		URITY NO. 17 ITME	Metorge O'C 04 Villa Nov		altimore		21207 Yarvland
Conditions, if any gave rise to imm couse (a), statis	, which mediate pg the DUE TO	d, or as a consequ d, or as a consequ	me of	not	um		V.	
PART 2 OTHER SIG	NIFICANT CONDITION	IS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
19a DATE OF OPERA 21a. ACCIDENT WAS UN	1983 C	DIDITION FOR WHICH	OPERATION WAS PE	REFORMED	200 AUTOPSY?		WERE FINDIN	
210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEATH HOUSE	AE OF INJURY F.A.M. MONTH D F.M.	AY YEAR	V INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
(IF EITHER, NOTIFY MEDI  21d. INJURY OCCUR  WHILE NOTIFY AT WORK AT WO	HILE T	ACE OF INJURY IL LIMES, FACTORY, OFFICE.	211 LOCA	ATION TREET	CITY OR TO	WN	COUNTY	STATE
sow the deceos	(this hospital) attends ed alive on did) (did not) view the b	an 19_	Yond that in (	my) (our) opinion de	eoth occurred on the d	te and hour		that (I) (we) la couses stated
27h SIGNATUJE	ul D.	Daly	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED Y/84
PHYSICIAN'S N	AME (TYPE OR PRIN'	A No	22+ ADD	19 1	DIK ON	1	5 8	Nie CV

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is morked or frem 18 shows ony injury, or other traumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

shysicion and completely filled in by the funeral director popers. Pages 1 and 2 should be filed within 72 haurs af

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 06-06-84

Meadowridge Cemetery

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, 3 8728 Liberty Road Randallstown, Maryland 21133 Loring Byers Funeral Directors, Inc. AATORY 236 LOCATION CUTOR TOWN COUNTY STATE

TY Elkridge Hourd Maryland

756. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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12	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	1 5	. 0 B
1		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
2 /2 /	(1177	Wil	liam B.		WINGS	6/2	8/84	930 PM
for the state of t	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS.
4	1	Male	White	Sept		81	YRS	DATS HOURS MIN.
P P P P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
eoth	Ba	ito. Co., MI	U.S.A.	WIDOWE	3.2	Baltimor	re Count	V MD.
D D	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		CIND OF BUSINESS OR
to and to	1	Towson	St. Joseph		oital	Painter		ome
hour de la	USU	AL RESIDENCE IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
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thin thin	_	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
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d co		VAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRE	SS	
Pages Pages	1	YES, NO OR UNKNOWN)   IF YES, GI	218-18-	2728	John W. Mar	shall3001	Shephe	rd Rd. 2111
person	7	11 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), a					APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
phy npa mav	Y	PART I, DEATH WAS CAUS	ED BY: TE CAUSE (o)	/ neu	מוניטוווי			
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tent ten ve c ian,		Conditions, if ony, which	(b)	JEITCE OF				
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by t ose I, cre ath		underlying cause last.	(c)	JEITCE OF				
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hysicite icote ronsii Hygi Hygi		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR P	ARI 2)
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S mo		220.1 certify that (I) (this hosp	oital) attended the deceased from	511	19 04	to 6/6	1965	, that (% (we) last
prior		saw the deceased alive a above, (we)-(did) (did	n 19_ et) view tyle body after death.	44.0	nd that in (new) (our) opinion o	death occurred on the do	ate and hour and fro	om the causes stated
hos hos hos hed hed hed		226 SIGNATURE	VIII		DEGREE			DATE SIGNED
RAL Control of the Date Date Date Date Date Date Date Dat		Les to U	Mall &	MI	ATTENDING PHYSICIAN	MEDICAL STAI		6/8/84
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0 6 0 8 × W		BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	June 11, '8#D	ruid	Ridge Cemet	erv Balti	more Co	MD STATE
HMH - 16 50M 4/83		UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	25h. REGISTRAR'S S	IGNATURE
(VRA 15, 4)	Wi	lliam E. Joh	nson 8521 Loc	h Ray	ven Blvd. JU	N 1 1 1984	Julia Davido	on Pandella
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MPORTANT

# STATE OF MARYLAND

5 DATE OF BIRTH

MONTH

AL POPUL

76 CITIZEN OF WHAT COUNTRY?

White

THER 4 RACE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> VE AR 96

REG. NO 20 DATE OF DEATH MONTH YEAR 7b HOUR me 20 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 88 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimere County 126 KIND OF BUSINESS OR 12n USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

Illinois U.S.A. WIDOWED A CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimere County General Hosp. Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13c. CITY OR TOWN 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 8021 Mollye Road 21208 Baltimore Maryland NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sine Paul Peterson Thorson 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Mrs. Ina M. Polymenakos TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 352-07-3230A

Mollye Rd. Pikesville. Md No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) PM

71d INJURY OCCURRED 71e. PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on 20, 19 Y 4 and sow the deceased alive on 20 obove, (1) (we) (did (did not) view the body alter death. 22c. DATE SIGNED

SIGNATURE DEGREE ATTENDING · O. m. hard PHYSICIAN [ DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS

GHASSEM OUNMOTARBER

Bulls.

23d LOCATION

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

CITY OR TOWN Baltimore Baltimore 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

STATE

STATE

Burial 24 FUNERAL DIRECTOR

FOR - STATE

I DECEASED NAME

TTYPE OR PRINTS

3. SEX

ON

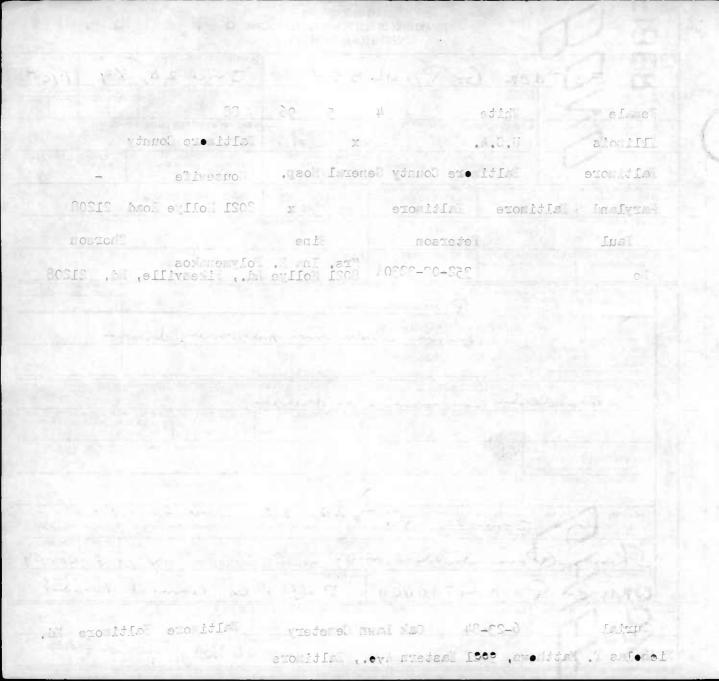
MEDICAL

REGISTRAR

Female

To BIRTHPLACE ISTATE OF FOREIGN

Nicholas T. Matthows, 3021 Fastern Ave., Baltimore 25



Jø	11-	FOR STATE REGISTRAR		RTMENT OF HEAL	MARYLAND TH AND MENTAL HYG CERTIFICATE OF E		15410
N AND		CEASED NAME FIRST	ES HAZ		ININGTON, J	R 20. DATE KNOWN COF ESTI-	MONTH DAY YEAR 75 HOUR 2245
	3. SEX	ale White	5. DATE OF BIRTH MONTH DAY YE.	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24 H		6 10 1984 002
A PARTY A PART	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.	DUNTRY? 8 MAI	RRIED NEVER MARRIED		OR COUNTY OF DEATH
VAY DELAY IS NO THE FULL BE FILED SCORDS 201 W	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		THER INSTITUTION 120	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  Mechanic	
IF ANY DEL 2, AND 3 TO 3. RETAIN P SHOULD BE AL RECORDS	130. S	L RESIDENCE (IF IN NURSING HOME TATE 136 COUN	OR OTHER INSTITUTION, GIVE RESID			STREET ADDRESS 507 Langley B	
ESTH. ESTH.		THER'S NAME FIRST James	WIDDLE	hnington, Sr	15. MOTHER'S MAIDEN N	AME	LAST
JRS AFTER DISTANCE AND STATE AND STA			MED FORCES? 16b.	3-70-2972	17. INFORMANT	ADDRESS	S 2 Rose View Road
W. PRESTON ST. WITHIN 24 HOLENCIL IN ITEM 18 MINER ALONG TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DBY: TE CAUSE (a) DUE TO, OR AS A (  (b) DUE TO, OR AS A (	CONSEQUENCE OF	hotgum woun	d of head	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
L RECORD JID BE EX "PENDINK" PENDINK F MEDICA F MEDICA HEALTH A HLALTH A IL, CREWA	CATION	PART 2 OTHER SIGNIFICANT CONDITIONS		OR WHICH OPERATION		0	20 AUTOPSY?
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TO MEDICAL EXAMINER: THE EXETPICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STAMENTMORE, MARYLAND, 21)		220 I certify that I taak charg		abave, held an Aut	Hamicide U	7 7	Date SIGNED
MEDICA GECUTE THE AGE A SH FIER DEA	2	EXAMINER'S NAME J. C. RI	OSSAN O'DON	NOVAN	ADDRESS 2112 Du	ndelk Ave., 1	Bult., M.1.21222
BP	(5	JRIAL, CREMATION, REMOVAL Burial	73b. DATE 7 6/12/84	3. NAME OF CEMETERY Oak Lawn Ce	meterv	Baltimore	county state Maryland
DHMH - 17 (VR A15 ME (5)) 20M 4/82	Z4 F		Ruck, Inc. zenue, Dundal	k, MD 2122	THE		ISTRAR'S SIGNATURE

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IMPORTANT: If Item 21 is morked at Item 11 shows any

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN: The

OR ATTENDING

retoined by the hospital

BP.

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K.	
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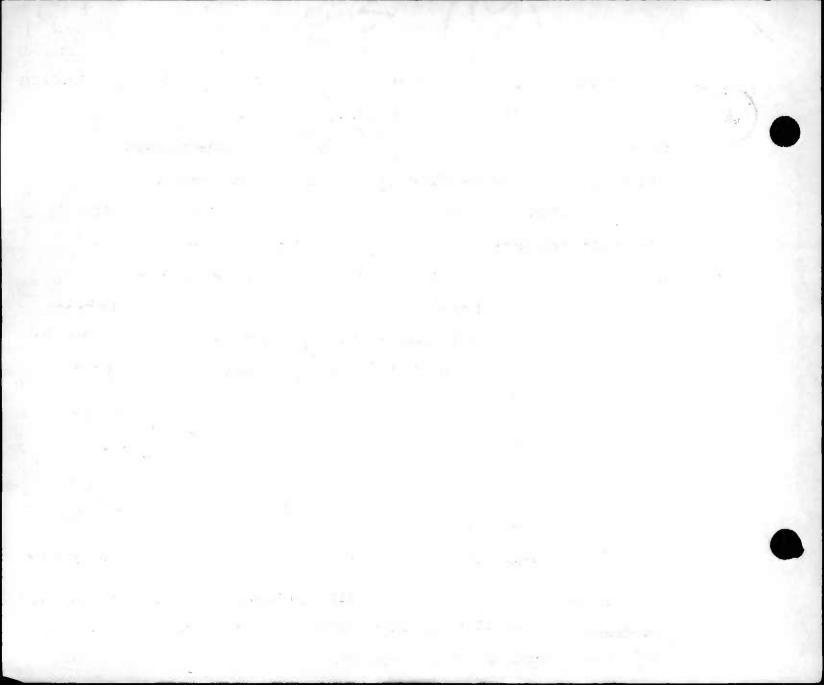
FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3	4.3	

5 4

-		REGISTRAR				CERTIF	ICATE OF DEA	AIH	R	EG. NO.				
		OR PRINTS	FIRST	۸	AIDDLE	L	AST		20. DATE OF DE	ниом НТА	DAY	YEAR	26 HOU	JR
		Pietro	2	_		Persico			June 23	. 1984			0:4	O PM
	3 SEX			RACE		5 DATE C			6 AGE IN YEARS	LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER	
_	M=	ale		White		Mav		YEAR	81	YRS		DAYS	HOURS	MIN.
/	7a. 816	RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNT	RY? 8.			9. BALTIMORE					
		COUNTRY)		TIC 3		WIDOWE	NEVER MAI	RCED	Dol+:	more Co				MD.
A		taly TY OR TOWN OF DEA	TH :	USA 11. NAME OF F	OSPITAL, NU		OR OTHER INSTITU		12a USUAL OCC	UPATION	126	KIND O	F BUSINI	
7			1		H FACILITY, GIVE S	_			(TYPE OF WORK FOR		DUFE) IND	DUSTRY		
μ		AL RESIDENCE (IF NURSI	ING HOME OR			cal Cen	ter		Constr	uction				
,	13a. S		13b. COUN		13c. CITY OR		13d. INSIDE CITY		13e.STREET ADD				19	
4	Mo		Balto	).	Tows	on		o k	421 Oak	Lane		2120	4	
/	14. FA	THER'S NAME FIRST	N	NIDDLE	LAST		15. MOTHER'S M			DDLE		LAST	r	
1		Sigvorello		atore	Persic			alda		-		-		
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL S	SECURITY NO.	17 INFORMANT			ADDRESS				
	no		(# 125,0112	THE OR DATES	218-32	2-0858	Mrs. An	nette	L. Pers	ico SA	me			
			H (Enter anl	y one couse per	line for (o), (b	i, and (c).)			-			APPROXU BETWEEN C	MATE INTE	RVAL
		18. CAUSE OF DEATH: (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE   o)									24 hours			
		DUST TO CONTROL CONTROL OF										1		
Ì		Conditions, if ony,	udetals	DUE TO, OI	PI	EQUENCE OF	suffic. una	n tale	valitis			6 1	tman	ho
		gove rise to imm	nediote	(b)		_		<del>)</del>						
		couse (a), stating couse		DUE TO, OF	AS A CONSE	t. Tuel	Filomia	0.100	madden.			سممي	9	
	ı	PART 2. OTHER SIGN	HEICANIT	(c)			NOT BELATED TO	THE TERM	NAL DISCASS OF	CONDITION	CIVENTIN	DART 1		
	20	PART 2. OTHER SIGN	VIFICANT C	_	SSES, C		NOI KELATED TO	) IME IEKMI	IN AL DISEASE OF	CONDITION	PINEW IN	PARITIO	)	
Z	AT	19a DATE OF OPERAT	ION				N WAS PERFORM	\ED	20e AUTOPSY		YES, WER			
1	CERTIFICATION								YES NO	IN CER	RTIFYING (	CAUSES	OF DEA	
۶	12	210. ACCIDENT WAS UND	ERLYING	216. TIME O	F INJURY		21c HOW INJU	RY OCCURR	ED (ENTER NATURE	2.3		PART 2)		
1		OR CONTRIBUTING				DAY YEAR								
/	WEDICAL	(IF EITHER, NOTIFY MEDIC		P./ 21e. PLACE		19	211 LOCATION						_	
	3	WHILE NOT WH			EET, FACTORY, OF	FICE FARM ETC )	STREET		CI	TY OR TOWN	CO	YINUC		STATE
		AT WORK — AT WOR	ek					\$4		2.0		у-		
		sow the decease		/ / / /	deceased fr	1 d a		19			19			we) lost
		obove, (I) (walk)	did) (did not				nd that in (iv) (or	ur) opinion c	deoth occurred of	the date and l				
		226. SIGNATURE	1 4				DEGREE	ENDING	MEDICAL	STAFF	27	2c DATE		
		N	SA	mu u	d-		PH'	YSICIAN	DIRECTOR			6	1231	87
		174 PHYSICIAN'S NA	ME Info	PR945)			22e ADDRESS							
		Tee C	ressl	er_MD_			6112	York	Road	Ba1	Ltimo	re.	Mary	land
П		URIAL, CREMATION,		23b. DATE	T	23c. NAME OF C	EMETERY OR CRE		23d LOCATIO	N			_	
		ntombment		June 2	7,1984	Dulane	y Valley		Cockey	ysville	Bal	Lto.	Md	STATE
	24. FL	JNERAL DIRECTOR		.1				250 DATE	REC'D. BY REGI	STRAR 256 REG	ISTRAR'S	SIGNAT	URE	
	1	Ručk Towso:	n Fund	eral Ho	ne Inc.	Towson	, Md.	JUN	28 108/	Med	avidon	- 7Pm	delle	-4
						The second secon		_	- 17/1					

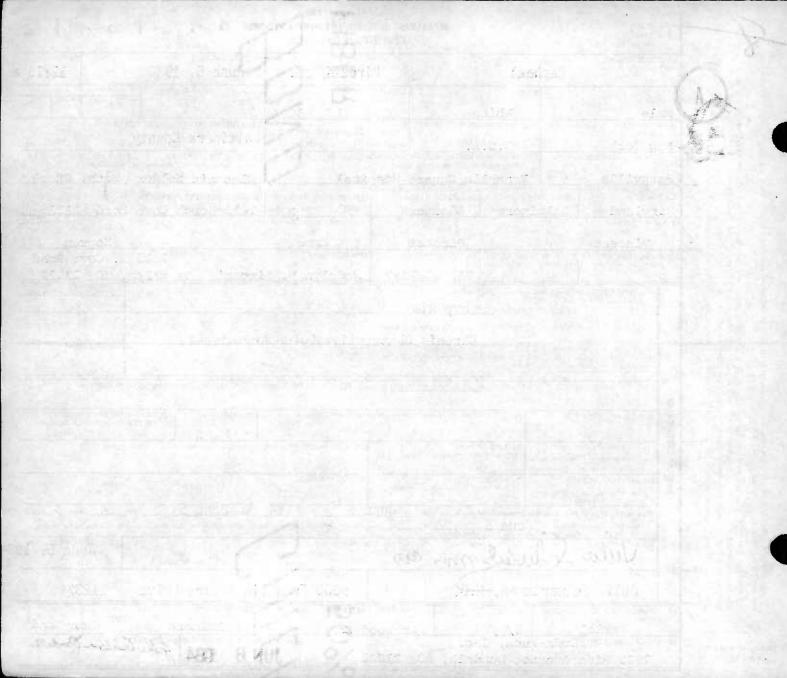


FOR STATE

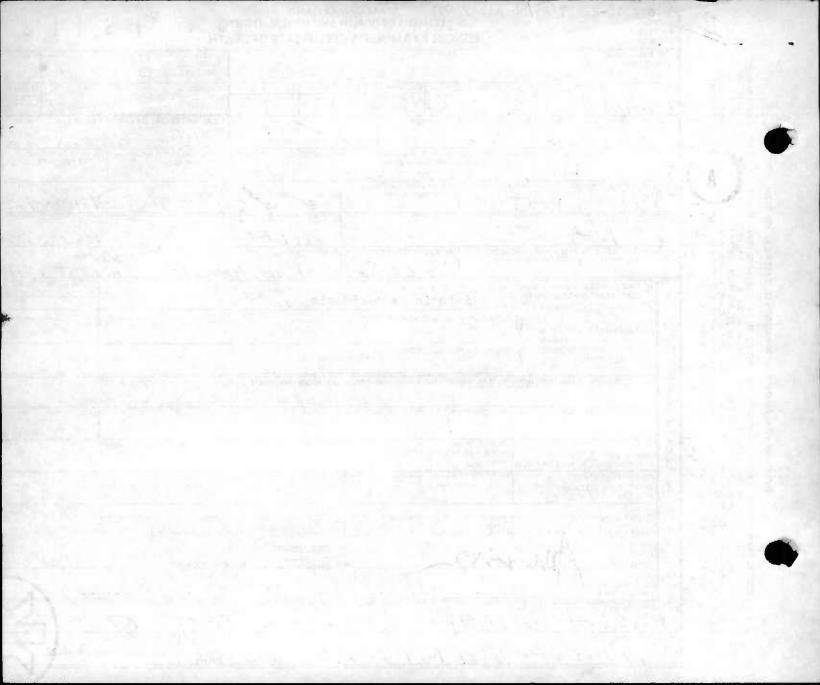
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	6.5	
U	Red	

REGISTRAR		CERTII	ICATE OF L	EAIN	REG. N	0.		
1. DECEASED NAME FIRS		HOULE	LAST		20. DATE OF DEATH		Y YEAR	2b. HOUR
(TTPE OKPKINT)	laphae1	P	irozzi,	SR.	June 5,	1984		11:15 <sub>m</sub> a
SEX	4 RACE		OF BIRTH		6 AGE (IN YEARS LAST OR		UNDER I YEAR	IF UNDER 24 HRS
Male	Whit	e 6	15	1904	79	YRS.	NATES DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	D NEVER		9. BALTIMORE CITY O		F DEATH	
New York	U.S.			VORCED	Baltimore	County		MD
0 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME (			12a USUAL OCCUPATI			F BUSINESS OR
Rossville		in Square Hos	pital		Electric V	Welder	Beth	. Steel
JSUAL RESIDENCE (IF NURSING HO		GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE C	COTIANITY	13e.STREET ADDRESS	/ 7IB CODE		
ON STREET	altimore	Edgemere	YES [	NO 🔀	7815 North		Road	21219
4. FATHER'S NAME			15. MOTHER	MAIDEN NAM	AE			
Vincent	WIDDLE	Pirozzi	E.	mma	WIDDLE		Hogi	
60 WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMA		ADDRE	ESS 701 E		ve Road
	ES, GIVE WAR OR DATES)	212 07 7247	W-3-1	D D				
NO 18 CAUSE OF DEATH (En		213-07-7247	Madel	yn D. P	rozzi	Balto		21219 MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C	AUSED BY:	Hypoxia						. ~
4960 1	EDIATE CAUSE (o)	Πλρονια						
1.00	DUE TO, OR	AS A CONSEQUENCE OF						
Conditions, if any, which		Chronic Obstr	uctive	Pulmona	ary Disease		7	
cause (a), stoting t	DUE TO, OR	AS A CONSEQUENCE OF						
underlying couse lo	underlying couse lost.							
	ANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
NO N								
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	HICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
E .					YES NOT	YES		NO []
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 10 PAR	T 1 OR PART 2)	
OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DAY YEAR	1					
(IF EITHER, NOTIFY MEDICAL EX.	21e. PLACE C		211. LOCATIO	ON				
WHILE NOT WHILE	LAT HOME, STRI	EET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TO	IWN	COUNTY	STATE
AT WORK		Toy		0.1	Juno 5		O/I	
22a I certify that (I) (this				84	, toJune_5	19		that Up (we) last
sow the deceosed oli abare, (X) (we) (did) (7	ve on June 5	ofter death.	nd that in (A)	(our) opinion o	death occurred an the d	ote and haur o		
226. SIGNATURE	1 1		DEGREE				22c. DATE	une 5, 19
Julia 7	chucus	mm no		TTENDING PHYSICIAN	MEDICAL STA		01	une 5, 19
22d. PHYSICIAN'S NAME			22e. ADDRES					
Julio Schw	artzman, +	<del>1.D</del> .	9000	) Frank	lin Square	Drive	212	37
					1734 LOCATION	DI 170		
23a. BURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR	LKEMATORY	CITY OR TOWN		COUNTY	STATE
Burial	6/8/8		od Ceme	tery	Baltimo	The second second		aryland
24 FUNERAL DIRECTOR Due	da-Ruck, I	nc.		25a. DATE	REC'D. BY REGISTRAR	256 REGISTRI	R'S SIGNAT	Mandall.
7922 Wise A	venue, Dune	dalk, MD 212:	22	JU	IN 8 1984	1		



ECHASED NAME PRST Barbara  X RACE S.D.	MIDDLE	LAST		
Barbara X RACE S.D				H DAY YEAR 26 HOL
4. RACE 5. D	Plater  Plater  Plater  Plater  DEATH MATED X 6 9  PROMOBINED X 6	5 9 19 84		
CATHELL 11/17 CK 6	ONTH DAY YEAR ST BIRTHDAY	MONTHS DAYS HOURS MIN	PRONOUNCED	6PM
SIRTHPLACE (STATE OR 76 O	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	F		OR INDUSTRY
RESIDENCE (IF IN NURSI) WE DROTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	N)	-, 1() - TI-	Alamedy
ATHER'S NAME	DDLE LAST	DELORE	ME MIDDLE	BROWN
		11 / -	ADDRESS ADDRESS	2604 COREST PAR
PART I DEATH WAS CAUSED BY:  IMMEDIATE CA  Conditions, if ony, which gove rise to immediate cause (a) stating the <u>under-</u> lying cause last.	AUSE (a) Diabetic Keto  ( DUE TO, OR AS A CONSEQUENCE O  (b) DUE TO, OR AS A CONSEQUENCE O  (c)	F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1 to 1		
190. DATE OF OPERATION	196, CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?  YES X NO
216. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK			CITY OR TOWN	COUNTY STATE
22e. I certify that I took charge of death resulted fram: A Natural co	ouses X, Accident , Suic	Hamicide Un  TITLE (SPECIFY)  M.D. Assistant M	determined manner ,  DAT  MEDICAL EXAMINER SIG	E 6/11/84
	1584 KING		LOCATION CIPPTOM	OUNTY STATE
	WAS DECEASED EVER IN U.S. ARMED YES, NO, OR UNKNOWN)  18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY: IMMEDIATE CO.  Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTI  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEAT  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a. I certify that I took charge of death resulted fram: Natural co.  CTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  SPELEY)  SPELEY!	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN)    (IF YES, GIVE WAR OR DATES)   16b. SOCIAL SECURITY   20   21   22   23   24   24   25     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21   24     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21   24   24     (IF YES, GIVE WAR OR DATES)   21     (IF YES, CALL)   21	WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? WES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) DIABOTIC KE TO ACCOUNT ON THE PROPERTY OF THE PRINTING TO OF AN A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o) stoting the under-lying cause lost.  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTING ON STREET FACTORY, FARM, ETC.)  21a. INJURY OCCURRED WHILE AT WORK  22a. Locatify that I took charge of the remains described above, held an Autopsy A. Inspection of Contributing to Couse of the remains described above, held an Autopsy A. Inspection of Contributing to Course of the remains described above, held an Autopsy A. Inspection of Contributing Couses A. Accident A. Accident A. Suicide A. Hamicide A. D. ASSISTANT A.  EXAMINER'S NAME AND NAME AND M.D. ADDRESS 111 P.  BURIAL CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 123c, NAME A. ARC. M.E. M. P. ARC. M. P. ARC. M.E. M. P. ARC. M.E. M. P. ARC.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. NO, OR UMANOWN)  WAS DECEASED EVER IN U.S. ARMED FORCES?  16. NO, OR UMANOWN)  17. INFORMANT  ADDRESS  SA ICAH HARGENES  SA ICAH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

### STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

pag.		
8	45	
_		

)	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH				REG. NO.				
		CEASED NAME E OR PRINT)	Thress		Marie	Po.	Llo.ck	June 29,		DAY YEAR	26 HOUR	
	3. SE	× Female	4	White		Sept.	30°1942 YEAR	6. AGE TIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
9		New York		USA	what country?	WIDOWE		Baltimore city o			MD.	
2	1	Middle Riv	er 2122	20 F NOT IN SUC	HOSPITAL, NURSIN Selfridge		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK O		12b. KIND C INDUSTRY	ine Co.	
1	130 M	AL RESIDENCE (IF NU STATE Aryland	13b COUNTY Balt		GIVE RESIDENCE BEFORE MICHIEL R		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ige Ro	i.	21220	
0	14 FA	ATHER'S NAME Gords	a <b>n</b>	Gleas	Bon LAST		15 MOTHER'S MAIDEN NA		?	LAS	т.	
		WAS DECEASED EVE	R IN U.S. ARME		212 38 4		Robert Pollo	ck, Husband	SS	Same		
	ń	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF										
	NO	PART 2 OTHER SIG	INIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	ITION GIV	EN IN PART 10	o '	
7	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S		
)	MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)		
	MED	WHILE NOT WAT WORK AT WORK	VHILE [7]	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFEICE, E.		21E LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
		22a l certify that ( sow the decea above, (l) (we)	sed olive on	6/25	19 8		nd that in (my) (our) opinion (	deoth occurred on the do	te and hou		that (I) (we) last couses stated	
		226. SIGNATURE	og W	a Kerb	er, h.	) _		DIRECTOR PHYSIC	F IAN []	4 (2	9/84	
1		LARRY	WAT	ERBL	IRY MD.		BALT. CITY	Nosps. &	NACT.	40.2	1224	

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely "the India should be detached for use as the burial-transit permit. Then please remove carbonpaper's Pages 1 and 2 shauld be filling with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If them 2.1 is marked at them 18 shows any injury, at other traumatic event, the medical

FOR

tor, page 3 ofter death

DHMH - 16 50M 1/B (VRA 15, 4)

7/2

Home

l, Cremation, removal

Funeral

23a. BURIAL,

231. NAME OF CEMETERY OR CREMATORY Holly Hill Memorial Gardens Town Baltimore Co., Md. Tale

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1984 1407 Old Eastern Avel 2

All the state of t of this of the of the of 10 Sept. 00 . 3 god Jan Jord Well to entraite asver files a selfer de mar. by entitions and inclinate errelant unitimore Divisio aver - 1- 10x 5 Selfrione do. 21820 Sordyn Roses Indiana Die 38 AMA Cobort Follower, Italian China Veriet 1 ... Volum Volum Still Crowled a still Colors Calendar The second of the second of the continue to the contract of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

executed within 24 hours ofter death, Page 4 may be

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 4	1	100	V.	1	1
REG. NO.		7	*	-	-
ATE OF DEATH WORK	DAY	MEAD	Tot 1	10110	-

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0	1 3	Con 1	C
	CEASED NAME	FIRST		MIDDLE	ı	AST			DAY YEAR	2b. HOUR	-
TAPE	OR PRINT)	arry		D.	POW	ELL	June 11,	1984	1	8:10P	м
3. SE	x		4 RACE		5. DATE (		6 AGE (IN YEARS LAST BI	(YADHTA	MONTHS DAYS	IF UNDER 24 HRS	_
	Male		White		OCTO	BER 13, 1948	35	YRS	MOTING DATA	HOURS MIN.	H
	RTHPLACE   STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH		
	irginia			USA	WIDOWE		Baltimore	Count	ty	M	D.
10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128. USUAL OCCUPAT		IFED INDUSTRY	F BUSINESS OF	
-	altimore		Frank1	in Square	Hosp	ital	Police Of		Balti	more Ci	. ty
	AL RESIDENCE IN NURS	13b. COUN		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	ρ <sub>ε</sub> 2	1237	
	ary land	Balt	imore	Baltimor	e	YES NO	4 Dutrow (	Court,	Apt. 1	A	
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS'	T	
	Littleton		F.	Powe11		Marian	-		Dal	by	
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR				
	Yes	1967	-73	221-34-6	624	Mrs. Audrey	A. Powell,	Balti			
	18 CAUSE OF DEATH								BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Respiratory Failure										
	DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any,		(b)	Carci	nomat	osis - lympha		ead of	3		
		cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse lost.  Anaplastic carcinoma									_	
~99	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	0.	
MEDICAL CERTIFICATION											
ICA	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FIT IN CERTIFYING CAU				
RTIF				T to a to a Physic		Tal Holy by have a sale	YES NO X	ES 🗌			
Ü	OR CONTRIBUTING	_			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)		
ICA	(IF EITHER, NOTIFY MEDI	CALEXAMINE	(P.	7 7 - 7 -	19						_
WED	WHILE NOT WE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
	AT WORK AT WO	RK									
	22a.l certify that (1)			e deceased from_			- to June 1	L,	01	that (I) (we) las	st
	saw the decease above, (I)(we) (c	ed alive on did) (did no	June	olter death.		nd that in (my) (aur) opinion	death occurred an the d	ate and ho			
	226. SIGNATURE	/				DEGREE ATTENDING	MEDICAL STA	FF	22t. DATE	SIGNED	
	& Carolanoe un				PHYSICIAN [	DIRECTOR PHYSI		0/1	1/04		
	22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22a. ADDRESS					
	1. Can	R. C	ardamon	e. M.D.	1570	9000 Frank	lin Square	Drive	e - 2123	37	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d LOCATION	04(1)/0	COUNTY	STATE	
	Burial		6-15-	84 Pa	rks1e	ey Cemetery	Parksl		Virginia	3	
24. F	UNERAL DIRECTOR	0,8	7/1:01	LA ADDRESS		25g DAT	E REC'D. BY REGISTRAN			URE	
H	ICKS HOME	for I	FUNERALS	, ELKTON	MD.	21921 JUN	1 9 1904 8	wa wa	widson-Adu	In diame	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fushable detached for use as the buriol-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item Rishaws any injury, an other traumatic event, the medical examiner must be routified.

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			E		
	7.7	8201 . C	1750 E	est as Table	nia
	saint granika (si i				ninioni
	of ten material		egall stupp of	1-1-1	dront 25 n
AL. TO	,2000 Junion P		2.0( ] 3.	erios tal el	boaly on
yellec		neiver	Powells		nodoládi.
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	Common Start :				
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	Partelov, and Salas and Sa		1918:3718		16170

# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

medical

ony injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

		STATE OF MAKTLAND					
-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH					

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1	' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	).			
1		CEASED NAME	FIRST	,	WIDDLE	l	AST	2	DATE OF DEATH	MONTH DAY	Y YEAR	26 HOU	R
Į	(ITE	OR PRINT)	HARI	RY	PR	ESS			JUNE 8, 198	34		111:	55 <sup>A</sup> <sub>M</sub>
1	3. SE)	x		4. RACE		5. DATE C			AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER	24 HRS
		MALE		WHITE		APR		*	63	YRS.	VINS DATS	HOURS	an ine,
	Zo: BII	RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9	BALTIMORE CITY O	COUNTY O	FDEATH		
7	,	MARYLAND		USA		WIDOWE			BALTIMORI	E COUNT	ſΥ		MD.
	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION		20 USUAL OCCUPATION		12b. KIND O	F BUSINE	SSOR
		TOWSON			-MEDICAL		R		MERCHAN		RET	AIL	
	USU/	AL RESIDENCE (IF NUE	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO		134 INSIDE CITY LIMI	TC2 112	se STREET ADDRESS /	ZID CODE			
2		MARYLAND	BALT		BALTIMO		YES NO X		8243 VOGES		#21	207	
	14 FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		LAS		
		HYMAN			PRESS		ETHE	L	most.		UNKNO		
٦		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	MRS.	SHIRLEYDDP	RESS			
	- (1	YES		-NAVY	212-18	-9766	8243 VOGI	ES RI	BALTO	)., MD	2120	7	
1		18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), a	and ic	1	,			BETWEEN	MATE INTER	DEATH
ı		PART I. DEATH V		D BY: E CAUSE (0)	Prim	ary	brain -	tur	nor				
ı	1	2390	0		r as a conseq								
1		Conditions, if on	y, which	( (b)_	K AS A CONSEC	OLIVEE OI							
1		gove rise to in couse (o), stote	nmediote	)	R AS A CONSEQ	LIENICE OF							
1		underlying cous		(6)	K AS A CONSEQ	OENCE OF							
1		PART 2. OTHER SIG	SNIFICANTO	10,	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONE	ITION GIVEN	IN PART III	a	
1	CERTIFICATION												
7	CAT	190 DATE OF OPER	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN		
	7.1Fi								YES NO	YES		NO [	
٦	CER	210. ACCIDENT WAS UP		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OF	CCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
1	SAL	OR CONTRIBUTING	,	(IM		19							
1	MEDICAL	21d INJURY OCCU	RRED	21e PLACE	OF INJURY	Cable STC 1	211 LOCATION		CITY OR TO	VN	COUNTY	5	TATE
1	Σ	WHILE NOT W	WHILE ORK	(A) HOME SI	REET, FACTORY, OFFICE	FARM EIC.)							
1		220 I certify that (	l) ( <del>New bospa</del>	ottended th			Jamesary 19_	84	, to June	. 19	84	that (I) 4	lost
		sow the deceo	sed olive on	t) view the body	ofter death	84 . 01	nd that in (my) to rop	pinion dec	oth occurred on the do	te and hour a	nd from the	causes sta	oted
		226. SIGNATURE	47		one: ocom.		DEGREE				22c DATE	SIGNED	
		(and	14	7 06/	1 11 10	det	ATTENDI PHYSICI	ING	MEDICAL STAF	F IAN 🗌	June	8.	1984
		226. PHYSICIAN'S N	NAME (TYPEO	R PRINT)			22e ADDRESS						
		Car1	Fried	man			660 Keni	i1woı	rth Drive	Tows	son, M	d.	
	230 B	SURIAL, CREMATION		236. DATE	10,1984236	NAME OF C	w orthodox		23d LOCATION BALFT FMO			IARYL	AND
	74 FI	JNERAL DIRECTOR	SOLI	EVINCON	g DDOS	MEM.	50C. 125	n DATE P			PSSIGNAT	1906	9.57
1	1	NAME	SUL L	FATIADOM	G DKUS.	, LINU.	- 25	IIII	REC'D. BY REGISTRAR	Alad	a.Hd Aren	Lland	200

DHMH - 16 50M 4/83 (VRA 15, 4)

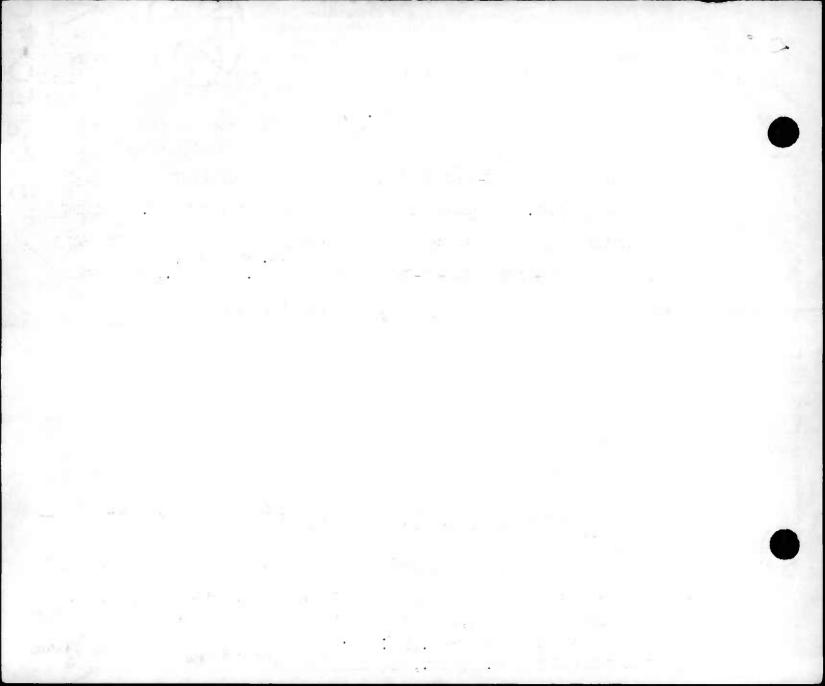
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6010 REISTERSTOWN RD.

BALTO. MD

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JUN 1 4 1984 June Davidson Mondale



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO		7

١,٠	STATE REGISTRAR	PEI AIII	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. N	0. 1541/
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(TYPE	DOT	PRES	5T1	JUNI	E 1,1984
3. SE	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70 01	IRTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COUNTRY	12/20/17	96	YRS. PR COUNTY OF DEATH
	COUNTRY)	1 LE A	MARRIED NEVER MARRIED	Dave	COUNTY
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS!	WIDOWED   DIVORCED   ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT	2116
m	IDDLE RIVER	(IF NOT IN SUCH FACILITY, GIVE STREE	WTHORNE RD	TYPE OF WORK FOR MOST OF	
USU	AL RESIDENCE (IF NURSING HOME OR COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DRE ADMISSION)	13. STREET ADDRESS	HAWTHORNE K
14. F.A	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN	1	IAST AST
	HOWARD	HATFIELD	ESTHE	R	UNK
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 233 Z4	TURITY NO. 17 INFORMANT	PRESTI	ABOVE
	Conditions, if any, which gave rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	8 ruper.	-old	
ATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	UENCE OF  DEATH BUT NOT RELATED TO THE TE		
TIFICATION	gave rise ta immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	UENCE OF	ERMINAL DISEASE OR CON  200 AUTOPSY?  YES NOTE	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
CAL CERTIFICATION	pare rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT COMPANY CONTRIBUTION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO 196. CONDITIONARY WHICH HOUR A.M. MONTH DE	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	706 IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO RY IN ITEM 18. PART 1 OR PART 2)
	gove rise to immediate cause (a), stating the underlying couse last part of last countrying couse last of last countrying couse last country c	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?  YES NO NO NO TO THE OF INJU  CITY OR TO TO TO THE OF INJU  ON death occurred on the d	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18. PART 1 OR PART 2)  OWN COUNTY STATE  200 At the couses stated  2124. DATE SIGNED
	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE SIGNIFICAN	ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?  YES NO URRED (ENTER NATURE OF INJU  CITY OR TO  . 10	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18. PART 1 OR PART 2)  WAN COUNTY STATE  20c. DATE SIGNED  FF
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO THE CONDITION OF WHICH HOUR A.M. MONTH D.P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, DISTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBU	DEATH BUT NOT RELATED TO THE TE	VES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18. PART 1 OR PART 2)  WAN COUNTY STATE  20c DATE SIGNED  FF

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campitelly filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers, Fugers I and 2 should be filled with the State Dept. of Health and Mental Hygene prior to buriol, crematian, or remayal.

1. DECEASED NAME FIRST MIDDLE LAST	OF DEATH	NE 👸 🍕		5 4	1 8				
	1	0. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	OUR				
LILLIE NIXON PURDIE		6-23-84		7.3	26P M				
Female Black 7-28-		AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNE	ER 24 HRS				
Female Black 7-28-	04	79	YRS	DATS HOOK	Mild.				
3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	IEVER MARRIED 7	BALTIMORE CITY OF		ATH					
N. Carolina U.S.A. WIDOWED	DIVORCED [	BALTIMOR	E COUNT	Υ.	MD.				
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHE	ER INSTITUTION 1	2a USUAL OCCUPATION		(IND OF BUSI	NESS OR				
TOWS ON MD. GBMC 6701 N. CHARLES	ST.21204	TYPE OF WORK FOR MOST OF	WORKING LIFE) [IND.	J31K1					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION DIVE RESIDENCE BEFORE ADMISSION) 130, STATE 13b, COUNTY 13c, CITY OR TOWN 13d IN:	SIDE CITY LIMITS?	3e STREET ADDRESS /	ZIP CODE						
				e. 21	218				
14. FATHER'S NAME FIRST MIDDLE LAST	THER'S MAIDEN NAME	WIDDIE		LAST					
Ishza Nixon	Lula	17176/254	Br	own					
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INF	FORMANT	ADDRES	ŜS						
(YES, NO UNKNOWN) (IF YES, GIVE WAR OR DATES N/A JOS	nn Purdie	1109 E11	icott D	rivew	ay				
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			BE.	APPROXIMATE IN TWEEN ONSET A	TERVAL ND DEATH				
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) SE PS IS									
DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which (b) PNEUMON IA								
E E E E DUE TO, OR AS A CONSEQUENCE OF									
d o d d d d d d d d d d d d d d d d d d	INFECTION								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMIN	IAL DISEASE OR COND	OITION GIVEN IN P	ART Iro					
m 5 0 C									
m 5 0 C		20a AUTOPSY?	206 IF YES, WERE IN CERTIFYING C	FINDINGS US	ATH?				
HIGH CALCIUM  196 CONDITION FOR WHICH OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO	206, IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATH?				
HIGH CALCIUM  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS  210. ACCIDENT WAS UNDERLYING		200 AUTOPSY? YES NO	206, IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATH?				
HIGH CALCIUM  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS  210. ACCIDENT WAS UNDERLYING	PERFORMED  OW INJURY OCCURRE	200 AUTOPSY? YES NO	206, IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATH?				
HIGH CALCIUM  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. P.M. 19  211. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  199 DAME OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. P.M. 19  211. THOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOWER DEATH OF THE PROPERTY OF THE PROPE	PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATH?				
HIGH CALCIUM  196 CONDITION FOR WHICH OPERATION WAS  HIGH CALCIUM  196 CONDITION FOR WHICH OPERATION WAS  196 CONDITION FOR WHICH OPERATION WAS  216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 PLACE OF INJURY (IF ETHER NOTIFY MEDICAL EXAMINER) AT WORK  AT WORK  198 CONDITION FOR WHICH OPERATION WAS	PERFORMED  OW INJURY OCCURRE	206 AUTOPSY? YES NO D CENTER NATURE OF INJUR	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATH?				
HIGH CALCIUM  196 CONDITION FOR WHICH OPERATION WAS  HIGH CALCIUM  196 CONDITION FOR WHICH OPERATION WAS  196 CONDITION FOR WHICH OPERATION WAS  216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 PLACE OF INJURY (IF ETHER NOTIFY MEDICAL EXAMINER) AT WORK  AT WORK  198 CONDITION FOR WHICH OPERATION WAS	PERFORMED  OW INJURY OCCURRED  DCATION STREET  , 19	200 AUTOPSY?  YES NO D  CENTER NATURE OF INJUR  CITY ON TOV	20h IF YES, WERE IN CERTIFYING C YES YIN HEM 18 PART   ORP	FINDINGS USES OF DE NO NO NO NIY	STATE (we) lost				
HIGH CALCIUM  190 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  192 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATION  196 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE	PERFORMED  OW INJURY OCCURRED  DCATION STREET  in (my) (our) apinion de	200 AUTOPSY?  YES NO D  CENTER NATURE OF INJUR  CITY ON TOV	20h IF YES, WERE IN CERTIFYING C YES  YEN ITEM 18 PART OR P VN COU	FINDINGS USAUSES OF DE NO	STATE (we) last				
HIGH CALCIUM  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS  190 CONDITION	PERFORMED  OW INJURY OCCURRED  DCATION STREET  , 19  in (my) (our) apinion de	200 AUTOPSY?  YES NO D  CITY ON TOV  to 6-23  outh occurred on the do	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USES OF DE NO NO NO NIY	STATE (we) last				
HIGH CALCIUM  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS  190 CONDITION	PERFORMED  OW INJURY OCCURRED  DCATION STREET  , 19  in (my) (aur) apinian de  E  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO OF INJUR  CITY OF IOV  to 6-23  ath accurred an the do	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USAUSES OF DE NO	STATE (we) last				
HIGH CALCIUM  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS  190 CONDITION	PERFORMED  OW INJURY OCCURRED  DCATION STREET  , 19  in (my) (our) apinion de	200 AUTOPSY?  YES NO D  CITY ON TOV  to 6-23  outh occurred on the do	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USAUSES OF DE NO	STATE (we) last				
HIGH CALCIUM  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS  190 CONDITION	PERFORMED  OW INJURY OCCURRED  DOCATION STREET  , 19  in (my) (aur) apinian de  ATTENDING PHYSICIAN  DDRESS  RY OR CREMATORY	200 AUTOPSY?  YES NO D  CITY ON TOV  to 6-23  outh occurred on the do	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USAUSES OF DE NO	STATE (we) last				
HIGH CALCIUM    196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     197 DATE OF OPERATION   197 DATE OF OPERATION     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     197 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     198 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     198 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     198 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS     198 DATE OF	PERFORMED  OW INJURY OCCURRED  DOCATION STREET  IN (my) (our) opinion de  ATTENDING PHYSICIAN  DORESS  RY OR CREMATORY  Mem. Pk.,	200 AUTOPSY?  YES NO D  CITY ON TOV  10 6-23  oth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20h IF YES, WERE IN CERTIFYING C YES  YEN ITEM 18 PART OR P VN COU Te and haur and fr	FINDINGS USAUSES OF DE NO	STATE (we) last stated				

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be lited with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or tem 18 shows any injury, or other troumatic event, the medical examine (must be real time).

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 5 -4

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	MIDDLE	4	AS1	2a. DATE OF DEATH	MONTH DAY	FAR 26 HOUR
(1YP)	Mary Ri	uth RAMEY		- LECTION A	June 1, 19	84	12:57am
3. SE	X 4	RACE	5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	F	W	6/	07/22 YEAR	61	YRS.	DAYS HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT CO	OUNTRY? 8	D D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	ATH
	TENN.	USA	WIDOW		Baltimor	e County	MD.
10 C	ROSSVILLE	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ON Y26 K DE WORKING LIFE) INDU	IND OF BUSINESS OR
	AL RESIDENCE HE NURSING HOME OR OT			7		>.	1241
130.	M.D. 13b. COUNTY	170 Isc City	ORTOWN 55EX	YES NO P	38 CLIPI	ZIP CODE RD	
14. F/	ATHER'S NAME	3100	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
5	SAMUEL J	SNAPP		NANNIE	J. DUNI	V	
	IYES, NO OR UNKNOWN) I HE YES, GIVE W		IAL SECURITY NO.	17 INFORMANT	A -1	A P .	OVE
	NO	7/5	22-67-1	HUGH RA	ME	1472	V ~
	18 CAUSE OF DEATH (Enter only PART I, DEATH, WAS CAUSED I		o), (b), and (c).)			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (0) Card	iopulmona	ry Arrest			
	4000	DUE TO, OR AS A CO	ONSEQUENCE OF				
	Conditions, if ony, which			art Failure			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO					
1	underlying couse lost.	DOE TO, OR AS A CO	SINSEO DE INCE OF				
10.	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART I (o)
N N							
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	
Ĕ					YES NO	YES T	AUSES OF DEATH?
1 2	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR			
	OR CONTRIBUTING CAUSE OF DEATH		NTH DAY YEAR				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	211. LOCATION			
ME	WHILE NOT WHILE	(AT HOME STREET, FACTOR		STREET	CITY OR 10	WN COU	NTY STATE
100	AT WORK AT WORK		М 6			-	
	220   certify that X() (this hospital saw the deceased alive on	i) offended the decease		nd that in (XiX (our) opinion o	toJune		4—, thotXII (we) lost
	obove, (IX we) (did) XOXI XIXI	view the body oftended	th.		deoth occurred on the d		
	226. SIGNATURE	NA HAS	The second secon	DEGREE	MEDICAL STA		DATE SIGNED
	01.1	1000		.D. ATTENDING PHYSICIAN	DIRECTOR PHYSI		6/1/89
1	224 PHYSICIAN'S NAME TTYPE OR	phots .		22e ADDRESS			17 7 0
	(7) Trmar		M.D.	9000 Franklin	Square Dr	/, 21237	
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	ISPECIFY) BURIA	6/4/84	15 ARDE	ENS OF FAMILY	BALTE	no mo	Y STATE
24 F	UNERAL DIRECTOR	1 / 1		25a DATI	E REC'D. BY REGISTRAF	25 REGISTRAR'S	IGNATORE
1	J.G. CONNEL	LV 3	ADDRESS A	ACE III	1 1 10RA	guia Davids	Champharta

DHMH - 16 50M 4/83 (VRA 15, 4)

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KESSVILLE FRANKLIK SE ma thire eight 125 ceiles to SAMUEL J. SHALP WARNES J. DUNY AND HOLD HOLD HOLD TO THE TOTAL BURGE LEMBERS OF FINELY BALTER MICE VICTORY THE USE OF HEAD DIED

# FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	1	5	4	2	0

-11		CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR	_
	(,,,,				RAS	MUSSEN		June 2	9. 1984	14/4/47	11:00A	М
	3 SE)	Ivar		5. DATE C	F BIRTH		6. AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 HRS		
		Male	Whit		MONTH		YEAR 7004	0.0	YRS	MONTHS: UAYS	HOURS MIN.	
1	70.8II	RTHPLACE I STATE OR FOREIGN		WHAT COUNTRY?	8	ary 22	1904	9 BALTIMORE CI				_
П	2	COUNTRY)				NEVER M			- 001	ntu		
3	_	Denmark ITY OR TOWN OF DEATH	U.S.	A. HOSPITAL, NURSII	WIDOWE		ORCED	Baltim 12ª USUAL OCCI	aro	inty	ME OF BUSINESS OR	
1		Essex	Frankli	n Square	HOspi	ta;	1011011	Inspect	AOST OF WORKING	HE INDUSTRY	7 000111233 011	
5	130 S	AL RESIDENCE (IF NURSING HOASTATE 136 C	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR Baltimo	VN		NO 🗌	3014 Pi			21214	
11	A FA	Niels	Peter	Rasmusse	n	15. MOTHER'S	MAIDEN NAM	S WID	DLE	LA	?	
2		VAS DECEASED EVER IN U.S YES, NO OND KNOWN) (IF YE	. ARMED FORCES? s. GIVE WAR OR DATES)	166 SOCIAL SECTION 218-07-		17. INFORMAN		Marvel :	DDRESS 7105 Yo	rk Rd	21212	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY			NOWEY AND	roat T	ntroaren	iol	BETWEEN	MATE INTERVAL ONSET AND DEATH	=
		IMMEDIATE CAUSE (a) Cardiopulmonary Arrest, Intracranial										
		DUE TO, OR AS A CONSEQUENCE OF Hemorrhage										
		Conditions, if any, which (1b)										-
		cause (a), stating the Underlying cause last DUETO, OR AS A CONSEQUENCE OF										
			(c)									_
	z	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	SIVEN IN PART I	o.	
4	IFICATION	The state of open violation	IAL COLUM	TION COR WALLS	LORERATIO	ALLWAS DEDECO	MED	20a AUTOPSY	1205 IE V	res, were findi	NCS USED	_
9	HCA	19a DATE OF OPERATION	198 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFOR	IMED		IN CER	TIFYING CAUSES	OF DEATH?	
-	CERTIF					In howen		YES NO	~	YES [	NO 🗌	_
1	11(2)5.5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAL	FDEATH HOUR A	M. MONTH D	AY YEAR	ZIC HOW IN	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 I			8 PART ! OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE.		211. LOCATIO	N	CITY	ORTOWN	COUNTY	STATE	
	2	WHILE NOT WHILE AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE,	PARM, EIC.)	, , , , ,						
		220.1 certify that (1) (this h			June	26.	, 19.84	to_June	29,	. 1984	that (K (we) las	st
		sow the deceased aliv above, (X(we) (did) (di	e on June	Ottor death	-84 . 9	nd that in My) (	our) opinian d	leath occurred on	the date and h	out and from the	causes stated	
		22b. SIGNATURE	7 -/	die dedin.	1	DEGREE				22c. DATE	SIGNED	-
		M. E.	at ou	ruch			TTENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🔀	Jun	e 29, 19	984
1		224. PHYSICIAN'S NAME (1	YPE OR PRINT)	111	)	22e ADDRESS		1000				
		M. E. 2	EIIC	UNE	11			in Squar		, 2123	7	
	23o. B	BURIAL, CREMATION, REMO				EMETERY OR C		23d LOCATION CITY OR TO	WN	COUNTY	STATE	
		(SPECBurial	7/2/	84	Morela	nd Mem	Park	Baltin	more, M	aryland		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME Leonard J Ruck Inc. Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

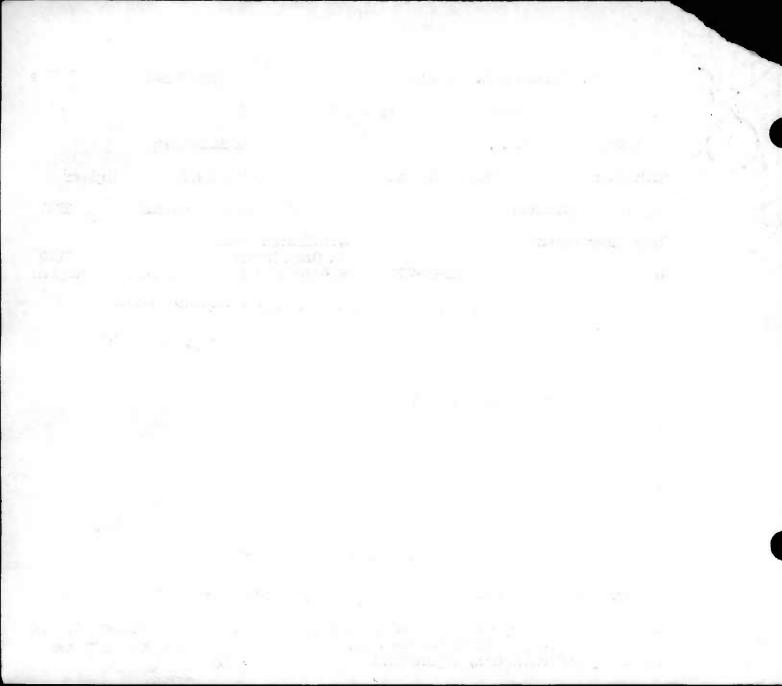
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 habits after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by us fairwaid and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be
	Sol	5 7 8	OK.
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

5 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

Λ		REGISTRAR			REG. NO.							
		EASED NAME FIRST	MiDDI	LE	LA	ST		20 DATE OF	DEATH /	MONTH DA	AY YEAR	2b. HOUR
	(TYPE	Mr. Vin	cent A.	Raybu	rn			J	une 14	1984		8:20 am
	3.5EX	N	4_RACE		5. DATE OF	BIRTH		6 AGE (IN YE	ARS LAST BIRTI		ONTHS DAYS	IF UNDER 24 HRS
1	M	ale	Caucasian	ı	May	24 1902	YEAR	82		YRS	ONTHS DAYS	HOURS MIN.
į,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8	NEVERA	ABBIED []	9 BALTIMOI	RE CITY OF	COUNTY	OF DEATH	
1		ississippi	U.S.A.		WIDOWED		ORCED	Balti	more C	ounty		MD.
		TY OR TOWN OF DEATH	<ol> <li>NAME OF HOS (IF NOT IN SUCH FAIL</li> </ol>	CILITY, GIVE STREET A	ADDRESS)	OTHER INST	MUTION		FOR MOST OF	ON WORKING LIFE)		F BUSINESS OR
2		andallstown	Old Court					Profes	sional		Engir	eer
3		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR TRYLAND BALT	TOTHER INSTITUTION GIVE NTY 130 IMORE	ERESIDENCE BEFORE CITY OR TOWI		13d INSIDE CI YES []	NO 🛣		DOGWOOX	ZIP CODE d Road		21207
		THER'S NAME FIRST	MIDDLE	TAST			MAIDEN NAM		WIDDLE		LAS	ī
		eorge Albert Raybu					Elizabet					
	16e. W	/AS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIN	MED FORCES? 166 (E WAR OR DATES)	SOCIAL SECU			Seorge R		ADDRES			21207
	N	)		215-10-4	1132	9200	Dogwood	Road	B	altimon		Maryland
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line	-	- 4			0	0.	1.	BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (0)	reno	sole	relet	Cara	provide	ecolo.	ous	10	
		7370	DUE TO, OR AS	A CONSEQUE	NCE OF	0-4	1		/	1		
	ш	Conditions, if ony, which gove rise to immediate	(b)	ron	ue o	ton	uettro	freez	men -	des	200	
	ш	couse (a), stating the underlying cause last.	DUE TO, OR AS	AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT	(6)	RIBUTING TO D	NE ATU BUT A	IOT BELATED	TO THE TERM	INTAL DISEASE	200000	VITIONI CIVIE	ALAN BART 1	
	Z	PART 2 OTBERSIGNIFICANT	re Hen	A FR	elec		IO IHE IEKM	IN AL DISEASE	OR COND	IIION GIVE	NINPARI	5
	Ψ	198 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTO	PSY?		WERE FINDING	
1	CERTIFICATION							YES 🗌	NO		AUSES	NO [
	E	210. ACCIDENT WAS UNDERLYING		MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTERNAL	TURE OF INJUR	Y IN ITEM TO PA	RT T OR PART 2)	
1	ξ	OR CONTRIBUTING CAUSE OF DE	AIB	//O///// DA	19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF I	INJURY FACTORY, OFFICE, FA	ARM ETC 1	211. LOCATIO STREET	N		CITY OR TOW	VN.	COUNTY	STATE
	_	AT WORK NOT WHILE AT WORK										
		220 I certify that (I) (this hosp		eceased from			. 19	, to				that (1) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofte	er deoth.			(our) opinion o	deoth occurred	d on the do	te and hour		
		22b. SIGNATURE	, , /	A	D	EGREE	TTENDING	MEDICAL	STAF	F	22c. DATE	SIGNED
_		224 PHYSICIAN'S NAME (TYPE C	ue o	ruste	2		PHYSICIAN Z	DIRECTOR				
1						ZZe ADDRES		0.01:1			0410	
		Dr. Jérome		Tan	14445 00 00	AAFTERN OF		10 01d		Road	2113	3
	230. B	URIAL, CREMATION, REMOVAL SPECIFY) URIAL	236. DATE 06-16-84			METERY OR C			ORTOWN	Do	COUNTY	Maryland
			Byers Fune				ZSo. DATI		EGISTRAR	66 REGISTR	RAR'S SIGILA	URE -
		728 Liberty Road R				Li Ave	HIM	4 E W	DA 4	whin Dae	ndson-R	indelle
	0	AN THEFTTY LOST IN	4 PATRICIAN I	LEILATOTE	درسه		JUUIN	10 5	<b>74</b> 1	1.4		



BY	1 -	FOR STATE REGIST
e 4 mo) ctar, po s after di an	(TYPE	OR PRINT)
ours offer death. Page in by the funeral direce filed within 72 hours of notified of oce.		AL RESIDI
e executed within 24 hr n and campletely filled Pages 1 and 2 should b medical examiner musts	13a S N 14 FA C	TOVAL RESIDENT ALE PARTIES IN A PECE SE NO OR NO
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may etained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, possionable detached for use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.  MPORIANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical examiner must be notified at order.	MEDICAL CERTIFICATION	18 CAU PAR Condit gave couse underly 19a DAT 19a DAT 21a. ACC OR CONIT 21d INJ WHILE AT WORK 22a I ce SOW 21b. SIG

STATE OF MARYLAND

1.	STATE			DEPARIM		ICATE OF DEA		IENE					
	REGISTRAR						in .	REG. N					
	CEASED NAME	FIRST		RADLEY	RE	ED.		2a, DATE OF DEATH	JUNE	02	84	8:2	1,PM
3. SE		- 4	RACE		5. DATE C			6 AGE (IN YEARS LAST B	RTHDAY	IF UNDER	DAYS	IF UNDER 24	HRS MIN
	MALE		White	е	MONTH		15	68	YRS			HOURS	WIN.
	RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARE	RIED 🗍	9 BALTIMORE CITY	_				
J	Maryland		US.		WIDOWE	D DIVOR	CED 🗌	BALTII					MD.
10 C	ITY OR TOWN OF DEA	TH 1		OSPITAL, NURSING	DDRESS)		ION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST				BUSINESS	OR
2	TOWSON,	MD.	GBMC-	6701 N.	CHA	RLES ST	•	Salesma	n	Co	in (	pera	ted
	AL RESIDENCE (IF NURSI	NG HOME OF C		GIVE RESIDENCE BEFORE		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS	/ ZIP CO	DE J	Иас	hines	3
1	Maryland	Balt	imore				$\Box \mathbf{x}$	8 Beehi			210	30	
14 F/	ATHER'S NAME		IDOLE	LAST		15. MOTHER'S MA		ME MIDDLE			LAST		
	Charles		R.	Reed		Anna		Ell€				lkins	
	WAS DECEASED EVER I		NED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDI	RESS				
L '	No		-	215-18	-7739	Jane K.	Ree	d, 8 Beehi	ve P				
	18 CAUSE OF DEATH	(Enter only	one couse per				0507			BE	APPROXIA	NATE INTERVA	ATH
			CAUSE (a)	CARDIOP	ULMO	NARY AR	REBI			_			
	4760		DUE TO, OF	R AS A CONSEQUE	NCE OF								
	Conditions, if any,		(b)	COP	טי								
	gave rise to imm cause (a), stating	g the	DUE TO, OF	PNUEMO	NCE OF								
	underlying cause	last.	(6)										
z							THE TERM	INAL DISEASE OR CO	NOITION	SIVEN IN PA	ART 110		
110		CEREB	7 1 1 1	SCULAR		DENT		Tan HITODOY?	1205 IE V	VEC WEDE	FINIDA	CSHISER	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D			206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		OF DEATH	?
RT	at according		21b. TIME O	E INTUINE		121. HOW INTUIN	V OCCUPI	YES NO		YES [	A.D.I. (1)	ио 🗌	
e e	210. ACCIDENT WAS UND	- Lund	110110 4	M. MONTH DA	Y YEAR	21t HOW HOOK	OCCUR	TENTER NATURE OF IN.	URT IN HEM I	8 PARTIORP	WK! 5)		
MEDICAL	(IF EITHER NOTIFY MEDIC		P./ 21e PLACE (		19	21f LOCATION				_		-	
MEC	WHILE NOT WHI	LE 🗍		EET FACTORY OFFICE FA	ARM ETC }	STREET		CITY OR I	OWN	( Oui	NIY	STA	(E
	220 I certify that XI) saw the decease	d alive on_	al) attended the	19	84 5	nd that in X X (our	9 84	death occurred on the	date and h	. 19_8.	1	ha <b>X</b> (1) (we ouses state	
	27h SIGNATURE	1 2	A	N	p		NDING SICIAN [	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN 🗗	220	DATE S	IGNED 4	,
	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT) HERY	AHY		22e ADDRESS	3MC	-6701	N. C	HARLE	ES	ST.	
-			Ten e in	I on A	14445.05.0			Table LOCATION			-		

DHMH - 16 50M 4/83 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR Cremation 6/4/84 Westview Cr 4 FUNERAL DIRECTOR J. E. Lowell Lemmon, 10 W. Padonia Rd.

CITY OR TOWN Catonsville Westview Crematory

Balto.

Md.

REGISTRAR 25% REGISTBAR'S SIGNATURE CALL 1984

The state of the s 7 155 1 15 1 1 6 1 1 L Manager and the part of the contract of the co . All the same of the same of

### STATE OF MARYLAND

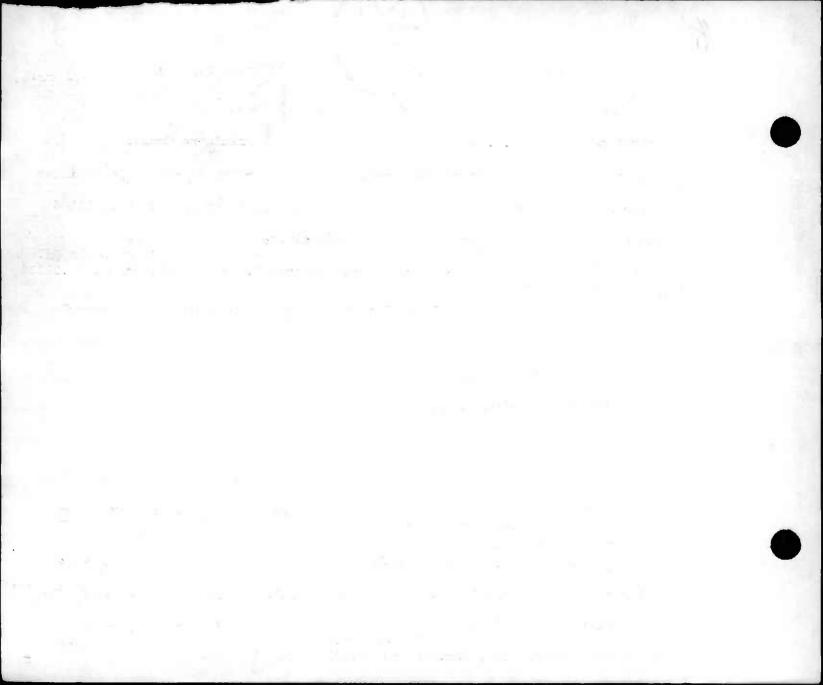
0 DEPARTMEN

ERTIFICATE OF DEATH	REG.	NO.		4	2	J
STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIENE	4	1	5	0 0	6	

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		42	3
		CEASED NAME OR PRINT)	FIRST BERNARD	W. REIE		AST	June 16,		1.0	HOUR 2,020
	3. SE	Male M	4. RACE	White	S. DATE C	ber 23, 1897	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
8	7a. Bl	RTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 75. CITIZEN (	A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY O	_		A
00	10 CI	TOWSON	(IF NOT IN	of Hospital, NURSIN such Eachtity, Give Street Providenc	ADDRESS)	d, 21204	12a USUAL OCCUPATION OF Selfemploy	on beworking life) ed =	12b. KIND OF B INDUSTRY Homebu:	
3/5	13a. S	AL RESIDENCE (IF NURSING TATE AT A LANGE TO THE AT	ng home or other institut 13b COUNTY Baltimore	I3c. CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS?	13: STREET ADDRESS. 1114 Provi	ZIP CODE dence I	Rd., 21	204
The state of the s		THER'S NAME Anton	MIDDLE	eier		IS MOTHER'S MAIDEN NA Wilhelmin	a. MIDDLE	unkr		¥
medical		VAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCES			Ms. Margaret			Avondale alto. Me	1.212
jury, ar other traum	NO	Conditions, if ony, gave rise to immocouse (a), storing underlying cause  PART 2. OTHER SIGN	ediate the DUE TO	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ito	
ows ony in	CERTIFICATION	19a DATE OF OPERATI	ION 198. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES OF	S USED F DEATH?
Hem 18 sh		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC.	AUSE OF DEATH HOUR	E OF INJURY  A.M. MONTH DA  P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	TORPART 2)	
rked ar	MEDICAL	21d INJURY OCCURRI	LATHOME	CE OF INJURY STREET, FACTORY, OFFICE F	FARM ETC )	211 LOCATION STREET	CITY OF TO	)wn	COUNTY	STATE
0			this haspital) attended		77. , oi	nd that is (my) (our) opinion	death occurred on the d	<u>a_ (6</u> , 19 ate and hour a		uses stated
If Hem 21 is mai		above (II) wel (di 22b. SIGNATURE	d alroad the be	5	NIN	DEGREE ATTENDING	MEDICAL STA		22¢ DATE SIG	GNED /A/
IMPORTANT: If Item 21 is mai			ME (TYPE OR PRINT)	Seulera	MD			CIAN []	6/16/ EVILLE	184.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

# FOR DEPARTA

STATE OF MARYLAND	El	5	Eng.	la
WENT OF HEALTH AND MENTAL HYGIENE				
CERTIFICATE OF DEATH				

	REGISTRAR		CEKTIE	ICAIE OF DEATH	REG. NO	o.
	DECEASED NAME FIRST (PE OR PRINT)	HAZEL	L. C	REIMANN	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR PM
L	Hazel		- Keim	200	6/20	1/84 6.09M
1.5	SEX	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIR	THORY IF UNDER LYEAR IF UNDER 24 HRS
Ł	Female	Wh	ite 9	3/28/10	13	YRS.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?   8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
	ma.	ma	II.S.A. WIDOWI		balto.	County MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATI	
U	CATO! Towson	St.Jo	seph Hospit	al	Secretary	Balto. County
US 13e	LAL RESIDENCE (IF NURSING HOME OF 13b. COL		GIVE RESIDENCE BEFORE ADMISSIONS  136. CITY OR TOWN	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	TIP CODE Balto. Md. 2124
	md Bo	ulto.	Towson	YES NO NO	A A	ppa Rd. Apt. 303
14.	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	1457
1	John	MIDDLE	Hopkins	Margaret	MIDDLE	Unknown
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS Phoenix, Md. 21131
	(YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	21809529	Margaret E	Foley-139	002 Blenheim Rd.
F	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and (c),)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
н	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	CEREBRA	12 ISCHER	MIA & Y	OSSille
10	WWEDI		R AS A CONSEQUENCE OF	5 Troke.		
	Conditions, if any, which	( (b)_	K AS A CONSEGUENCE OF	) Proces		
	gove rise to immediate couse (a), stating the		R AS A CONSEQUENCE OF			FEDURE MARK
	underlying couse last.	(c)				
		CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
ŏ	apper	G-E t	leeding.			
CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 2					YES NO	YES NO
HIR.	OR COLUMNIA CALIFFOR	216. TIME O		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 ORPART 2)
1 3	(IF EITHER, NOTIFY MEDICAL EXAMIN		M. 19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
2	AT WORK NOT WHILE AT WORK				10	
	22a.1 certify that (1) (this has	pital) attended th	1.	12 1964	10 6 -26	, 19 4, that (It (we) lost
	sow the deceased alive a above, (1) (we) (did) (did)	not) view the body	ofter death.	nd that in (my) (our) opinion	death accurred on the de	ate and hour and from the causes stated
1	22b. SIGNATURE	12,1	0 :	DEGREE		22c. DATE SIGNED
	1771	Olulde	de m		DIRECTOR PHYSIC	
	224. PHYSICIAM'S NAME (TYPE			22e ADDRESS	10000	7
	NH. GH	11LAD	1, MU.	1600 OSA	CA DY. 1	ousen 21204
230	BURIAL, CREMATION, REMOVA	t 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c shauld be detached far use as the builol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

by ed blue

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injury, or other traumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

Burial 6-27-84 Dulaney Valley

Timonium, Baltimore, Maryland

PUNERAL DIRECTOR 1050 York Rd.
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

JUN 2 8 1984

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Secretary Falto, County	Land	gept Hegy	n	////// «creo
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Unknown Phoenim, Vd. 21131 C. Foley-13902 Blenheim Rd.	naillin Literarys	Kopkins		John.

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23-22-0

Pulaney Valley

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1050 York Rosen Fineral Pere, Inc. Towson, Md. 21204

Tisonium, Faltimore, Paryland

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EPARTMENT OF HEALTH AND MENTAL HYGIEND	
DEPARTMENT OF HEALTH AND MENT	TAL HYGIENE
CERTIFICATE OF DEAT	TH

	REG. N	10.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR	5
_	6 AGE (IN YEARS LAST B	BIHDAY)	OL Y	DER I YEAR	# UNDER 74 HR	
	AOL (MILLANDING	m1110011	MONTH	DAYS	HOURS AND	i

13e.STREET ADDRESS / ZIP CODE

DECEASED NAME FIRST CO	aroline m. 1	ZENNIE	26. DATE OF DEATH MONTH D	24. 84	26. HOUR 1025
. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS.
Female	White	July 16, 1886	97 YRS.	ONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
New Jersey	U.S.A.	WIDOWED TO DIVORCED	DAITO COU	intv	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)  MARANS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Homemaker		F BUSINESS OF
ISLIAL RESIDENCE HENHESING HOME O	ROTHER INSTITUTION GIVE RESIDENCE REFORE	ADMISSIONI			

L	Maryland		Baltimore	AE2 NO	30/ llchester	Ave. ZIZI8	
ĺ	4 FATHER'S NAME			15. MOTHER'S MAIDEN NAME			
1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
	Frank		Haneschlager	Rosalie		Chindeberer	
ŀ	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESSLut	herville, Md	1.21093
ı	No.	(IF TES, GIVE WAR OR DATES)	218-88-4900	Margaret A.	Peyton-1405		

18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per BY: CAUSE (a)	cerebral	Vascular	Accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE OF			
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

98 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PE		20a AUTO	OPSY?	206. IF YES, WERE FIL IN CERTIFYING CAL	
All and the second			YES 🗌	NO	YES [	ИО □
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTERNA	ATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	T 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN COUNT	Y STATE
22a 1 certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) vi	6/12 1/19 84 on	d that in (my) (aur) apinion a		6 / ed on the do	ite and hour and from	
226. SIGNATURE	2	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F	ATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

6-27-84

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

Baltimore

Maryland COUNTY

24 FUNERAL DIRECTOR

18 sh

morked or Item

MPORTANT: If Hem 21 is

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

FOR - STATE REGISTRAR

13a. STATE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAL PROPERTY NO. 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

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rervier	. altiore	.62 .(r	4 New Cut 1050 Yo , Inc.Loweon,		Furial Mel-Lersen

executed within 24 hours after death. Page 4 may be

es that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

# STATE OF MARYLAND

1-	STATE REGISTRAR			DEPARTM		CATE OF	MENTAL HYG		REG. NO.				
	EASED NAME	FIRST	MIDE	DIE	LAS	1		20. DATE OF DE		TH DAY	YEAR	26 HOU	JR p
TYPE	OR PRINT)	D	avid	G.	R	iehl			Jı	une 2	4,198	4 12:	:20m
3. SEX	Λ.Α	-	I. RACE . A		S. DATE OF			6. AGE (IN YEAR		Y) IF L	UNDER 1 YEAR		
	M		VV		модтн	10	39	4.	5	YRS.	ITHS DAYS	HOURS	MIN,
	OUNTRY)	REGREIGN 7	L CITIZEN OF WH	A COUNTRY?	8.	NEVER	MARRIED 🕏	9 BALTIMORE	CITY OR C	OUNTY OF	DEATH		
	M	U	US.	A	WIDOWED		NORCED	Balti	more	Count	У		MD.
10. CT	TY OR TOWN OF DE	EATH 1	1. NAME OF HO			OTHER INS	TITUTION	120 USUAL OC	CUPATION		126 KIND C		SSOR
	Towson		St.	ACILITY, GIVE STREET AI Joseph H	ospit	al		Vice P	res.		Cre	edit	
USUA 13e. S	TATE MD	13h COUNT		E RESIDENCE BEFORE A		3d INSIDE	NO NO	130 STREET ADE	PRESS / ZIII	CHIE	Ro Z	2/23	59
14 FA	THER'S NAME	LOB	111 101 10		1	S. MOTHER	S MAIDEN NA	ME					
	FIRST	N	IDDLE	D f = 1.1		Man	FIRST		NDDLE	Cum	thor	ST	
16a W	John (AS DECEASED EVE	RINII S ARA		Riehl, J	-	Mar 7. INFORM		Loui	ADDRESS	Guii	ther		
	NO NO OR UNKNOWN)			113.36.7	r-10			tt Riehl	301	Hopk			2121
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY: G	e for (a), (b), and ASTRO IA	VIEST	INAL	HEN	MORAH	AGE		DA*	ONSET AND	DEATH
				S A CONSEQUE			ARICE	ALC: YES	THE		M	NITH	ST
	Canditians, if an		(b)_C	SOPHE	N3DI	- 17	TRICE				170	VCA	कट
H	cause (a), stat underlying caus	ing the	DUE TO, OR A	EPATI	C (	URF	RHOSI	S			15	1RS	
z	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CON	TRIBUTING TO DI	EATH BUT N	OT RELATE	TO THE TERM	INAL DISEASE O	RCONDITIO	ON GIVEN	IN PART 16	o,	
MEDICAL CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDITIO	ON FOR WHICH C	OPERATION	WAS PERF	DRMED	200 AUTOPS			VERE FINDI		TH?
CAL CER	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M.	MONTH DA	Y YEAR	21c HOW II	NJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN	ITEM TB PART	T OR PART 2)		
MEDI	21d. INJURY OCCU	WHILE	21e. PLACE OF (AT HOME, STREET,	INJURY , FACTORY, OFFICE, FA		211 LOCAT STREE		C	ITY OR TOWN		COUNTY	5	STATE
	220.1 certify that 3	sed alive an_	June 24	19_8	June	21 that in (Xy	, 19 <u>84</u> 1 (aur) apinion	, toJun death accurred o		nd hour a	84, and from the	that (IX)	we) last ated
	226. SIGNATURE	vices	Furto	Men	M	GREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	×	DATE OF	SIGNED	-84
	1224 PHYSICIAN'S P	ICE B	FURLO	NG JR	2	7620		d., Tows	on, M	D 212	04		
	URIAL, CREMATION	N, REMOVAL	236 DATE 6/27/84				CREMATORY M. G.	23d LOCATION CHE OF THE PROPERTY OF THE PROPER	I Charles		OUNTY 1 to	-	STATE

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in By the filled within 77 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 77 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT; If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the medical

DHMH - 16 50M 4/83 (VRA 15, 4)

0/2//84

Dulaney Valley M. G.

Timonium

Balto.

MD.

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

BY REGISTRAR 25% REGISTRAR'S SIGNATURE JUN 29

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag	9
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon abpair. Figure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaind.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumote avenually

STATE OF MARYLAND

1 - STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.									
(TYPE	CEASED NAME FIRST NAME FIRST NAME	Y Douglas	s R	TEPE	2a DA	TE OF DEATH MO	DAY DAY	84	737 AM
3, 5E	FEMale	Cauc.	5. DATE C	DAY YEAR	6	(IN YEARS LAST BIRTHE	YRS.	DAYS	# UNDER 24 HRS HOURS MIN.
C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DIVORCED		Balto	, Co	,	MD.
Co	Keysulle	(IF NOT INDUCH FACILITY, GIVE		4	ITYPE OF	F WORK FOR MOST OF W		KIND OF USTRY	1 4
13	ATHER'S NAME	NTY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMI YES NO D	2	8 Day	tox G	ree	n
2	Charles 1	MIDDLE MITT	chell SECURITY NO.	FIRST	ence	ADDRESS	C	LAST	ul
	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 215-0	7-6/24		M. Ko	ppelman	, Balto		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'	THE CAUSE (O) Character (O), (I) BY:  TE CAUSE (O) Character (O)  DUE TO, OR AS A CONS	in OB	trutne Z Hypo	RLA	onay	Dis Ears	IWEEN ON	ATE INTERVAL SET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		C oralling	~~~				
NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	SEASE OR CONDIT	ION GIVEN IN P	ART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION		YES	200. AUTOPSY?  200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO			SS USED OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (EN	ER NATURE OF INJURY II	N ITEM 18 PART 1 OR F	ART 2)	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O		21f LOCATION STREET	00/	CITY OR TOWN	cou	NTY	STATE
	220 I certify that (1) (this hospi saw the deceased alive on above ((1)) (we) (did) (but no 22b. SIGNATURE	oftended the deteosed for the view the body after debth.	19.84 , on	d that in (m) (our) ap	pinion death oc	curred on the date		om the ca	
	Robert 22d PHYSICIAN'S NAME (TYPES	Liberty,	ms.	ATTENDI PHYSICI 22e ADDRESS		CAL STAFF TOR PHYSICIA		DATE SI	25-8Y
22- 6	Robert Liber	to, M.D.	120 11415 05 0	Broadme	ad, B		unty, A	<u> </u>	
	SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	6/25/84	Green	METERY OR CREMAN	ORY 23d. I	Balto.,	COUNT	MD	
	JNERAL DIRECTOR Henry NAME Henry 105 York Road	W. Jenkins Balto., MC	& Sons	Co.	DATE REC'E	84 REGISTRAR 256	REGISTRAR'S S		delle :

SHEED THE STREET STREET The comment of the the the strong to be the a security forward page 1 Egilecht Libertos, N.C., E., Ernstmeist, Chite, Copras, MC. L. Ealto., Fond Dalto a MD 21212 and 202/202

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. NO.	, -
I. DECEASED NAME FIRST (TYPE OR PRINT) Mati	Ida Patzwall F	Riley	20 DATE OF DEATH MOTH	184 9 45 P
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH AT	MONTHS DAYS HOURS MIN.
Female	White	10-05-98	85 / YRS.	
Maryland	U.S.A.	WIDOWED NEVER MARRIED L	County	MD.
Baltimore	Valley Viev		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Homemaker	126 KIND OF BUSINESS OR INDUSTRY  Home
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	or other institution give residence before the state of t	WN \$13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3429 Hudson S	St. 21224
14. FATHER'S NAME August	Patzwa.	11 Is. MOTHER'S MAIDEN N FIRST Cunigu	da	Wachter
160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES		CURITY NO. 17 INFORMANT 5-3373 Gloris C.	ADDRESS Kruft1706 Wayn	ne Ave. 21234
	16 2	eumona	RMINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \bigcap \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURED	EAIH	DAY YEAR 19 TH LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART   OR PART 2)
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC	1 /25/	84 STATE
saw the deceased alive a	in		an death occurred on the date and hou	
22b. SIGNATURE	momon	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR   PHYSICIAN	6/26/84
TITE THY ICIAN'S NAME	ORPRINTINGUYE	220. ADDRESS 33	1 Belair Rd	Balto 2/201
230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OF CREMATOR	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. hould be detached for u with the State Dept. of He MPORTANT, If Bern 21 is

> 24 FUNERAL DIRECTOR
> William E Johnson8521 Loch Raven Blvd E.

250. DATE REC'D. BY REGISTRAP 256. DEGISTRAP'S SIGNATURE

talls often themselve some 40's thought the desired of market drop. IS Saloendo. A se incl. injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18

STATE OF MARYLAND EOP

1	1	FOR		DEPARIM		EALIN AND MENIAL NIO	IENE				
ı	1 -	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	)			
ı	1. DEC	EASED NAME FIRST	^	AIDDLE	L/	TST TZ		MONTH	DAY YEAR	2b HOUR	
١	(TYPE	SAMUEL	. T.1	EO	RIN	EHOLT	JUN	E 25	, 1984	4:20	рм
ı	3 SEX		4 RACE		5 DATE O		& AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	-	
ı		MALE		-	MONTH	DAY YEAR			MONTHS DAYS		MIN.
4			WHITI		APRI	L 18, 1898	86	YRS.			
ı		CTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	COON	IT OF DEATH		
		ST VIRGINIA	U.S.A		WIDOWE		BALTIMORE				MD.
	10 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINES	S OR
1	FOI	RT HOWARD				, MARYLAND	Carpente		Loca		1
7	USUA 13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b COUN		GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /				
1			ARUNDEL	PASADEN		YES NO X	1232 LYNN			122	
Fi.	-	THER'S NAME				15. MOTHER'S MAIDEN NAM	ME	214221			
1	Cł	narles	MIDDLE	RINEHO	LT	REBECCA	WIDDLE		CAMPBE		
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT (SOT	1) ADDRE	55 5	Same as	5	
1		es, no or unknown) (IF yes, GIV	E WAR OR DATES)	236 05 6	821	Charles C.	Rineholt		# 13		
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), one	d (cl.)				APPROX BETWEEN	ONSET AND D	AI DEATH
		PART I. DEATH WAS CAUSE	D BY TE CAUSE (0)	CARDIORE	SPIRA	TORY ARREST			10	MIN	
		***************************************	_	r as a conseque	NCE OF						
		Conditions, if ony, which	( , b)			TIC HEART DIS	EASE				
		gove rise to immediate couse (a), stating the	(0)_								
		underlying couse lost	DUE TO, O	r as a conseque	NCE OF						
1		PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUIT	NOT BELATED TO THE TERM	IN AT DISEASE OR CONI	DITION G	IVEN IN PART 1	0	
	Z	ASSOCIATED				THE RELATED TO THE TERM	THE DIDENCE ON CO. II	,,,,,			
1	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI		
1	띮						YES NO NO		TIFYING CAUSES	OF DEATH	
	ERT	21n ACCIDENT WAS UNDERLYING	1 21b TIME O	F IN IURY	-	21c. HOW INJURY OCCURE				140	
		OR CONTRIBUTING CAUSE OF DE	1100110 1	M. MONTH DA							
	MEDICAL	HE EITHER NOTIFY MEDICAL EXAMINER		M.	19	71f LOCATION					
	WED	21d INJURY OCCURRED	21e PLACE	REET FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	NN	COUNTY	517	ATE
		AT WORK									
		22a I certify that X (this hospi	tol) ottended th	e deceased from_	JUNE	15 19 84	10_JUNE 25		19_84		
		sow the deceased alive an above, <b>X</b> (we) (did) ( <b>XXX</b>	t) view the body	after death.	, or	nd that in (n <b>X</b> ) (our) opinion (	death occurred an the do	ite and ha	our and fram the	couses stat	ted
		22b. SIGNATURE	/.	0		DEGREE			22c DATE	SIGNED	
		Mana	Sim	han		ATTENDING PHYSICIAN	MEDICAL STAF		JUNE	25,	198
	1 1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS					
		NARA S. SIMHA				VAMC, FORT	HOWARD, MAR	YLAN	D 2105	2	
	23a B	URIAL, CREMATION, REMOVAL	June	29, 23(1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		YIMUOD	SI	IATE

DHMH - 16 50M 4/83 (VRA 15, 4)

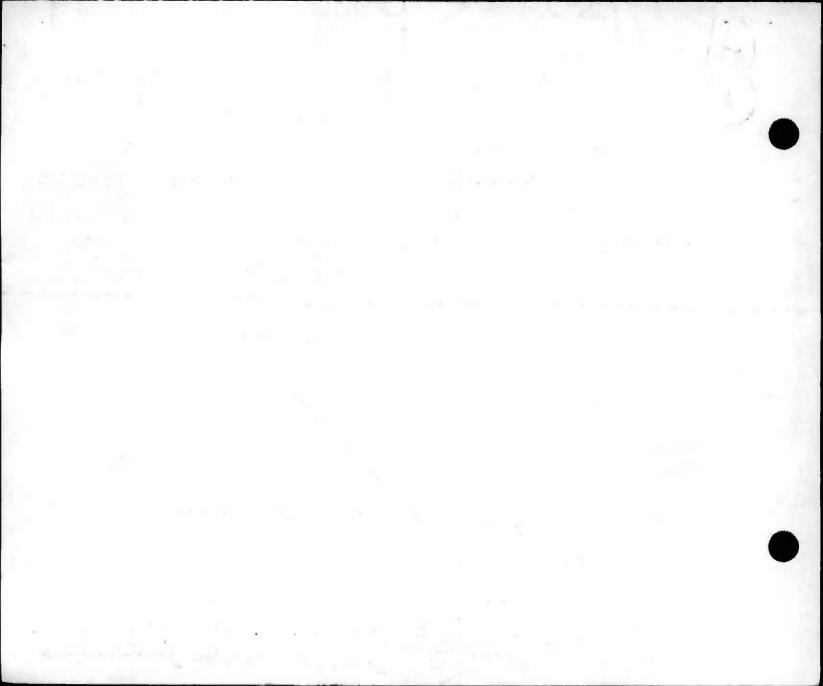
BP.

Burial

Md.

Glen Haven Mem Prk Glen Burnie, A.A.

250. DATE REC'D BY REGISTRAR 251/2 REGIS 24 FUNERAL DIRECTOR Funeral Home Glen Burnie, Singleton



1	FOR STATE	XC	212100987
1 .	- STATE	210	212100701

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1 -	STATE XC 2	121009	07		er Aktimer	ERTIF	ICATE OF DEATH	REG. NO	D.			
		CEASED NAME OR PRINT) WILL	FIRST	LEXAND	ER F	ROBERI		AST	JUNE 27,	ломтн 1984	DAY YEAR	7:15	
	3. SEX	MALE	4 F	RACE WHITE	2	1 -	DATE C	F ВІВТН ST 14, 1969	6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN NORTH CAROLINA U.S.A.						MARRIED NEVER MARRIED SHALTOMORE CON WIDOWED DIVORCED BALTOMORE CO						
200	F	ORT HOWARD	V	A. MH	DICAI	L CEN	PESS)	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LI		F BUSINE	SS OR
)	13a S	L RESIDENCE (IF NURSIN TATE TRYLAND	G HOME OR OTH 3b. COUNTY	ER INSTITUTION		CE BEFORE AD OR TOWN I'LMORI		råd. INSIDE CITY LIMITS? YES NO	13° STREET ADDRESS.	HIP CAV	ENUE 21	205	<b>&gt;</b>
P	14 FA	THER'S NAME FIRST CHAR	LIE	ROB	ERT	SON		15 MOTHER'S MAIDEN NA/ FIRST	LAURA MIDDLE	REIN	HART	ī	
121		AS DECEASED EVER IN	1 U.S. ARMEI			AL SECURIT 10 098		17 INFORMANT CLINICAL REC	ORDS, VAMC,		HOWARD	, MD	
		18 CAUSE OF DEATH PART I. DEATH WA		Y: AUSE (a)	CARDI	LAC AI	RES!				APPROXI BETWEEN (	MATE INTER	DE ATH
		Conditions, if any, gove rise to imme	diote	DUE TO, OI				MA.					
		couse (0), stating underlying cause	last	DUE TO, OR AS A CONSEQUENCE OF CHF, DIABETES TYPE II									
	NO.		PD OPD	aditions <u>cc</u>	ONTRIBUTI	NG TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	/EN IN PART 110	1	
	CERTIFICATION	19a DATE OF OPERATION	NC	196 CONDI	ITION FOR	WHICH OF	PERATIO	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES []		TH?
10.00		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	216 TIME O HOUR A.	M. MON	ITH DAY	YEAR	21c. How Injury occurs	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART   OR PART 2}		
	MEDICAL	21d INJURY OCCURRE		21e PLACE (		OFFICE, FARA		21f LOCATION	CITY OR TO	WN	COUNTY	S	1A1E
		22a   certify that 4 (1 saw the deceased abave, 4 (we) (die	his haspital)	UNE 2	e deceased	- 0	1 ar	d that in X (our) apinion	ta JUNE 27	ite and hai		that A (v	
		226. SIGNATURE PIETO		tuol		MD		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FIANK	JUNE		1984
	1	22d. PHYSICIAN'S NAA	AE (TYPE OR PR	INT)				22e ADDRESS					

DHMH - 16 50M 4/83 (VRA 15, 4)

236. DATE 6-30-84 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

PIERO AUTUONO, M.D.

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.

VAMC, FORT HOWARD, MD 21052

13-10 mag a post-read of the Section 1 and 12-7-12 TOUR TOUR STORY OF THE STORY OF portion process and Add per effective for approximate the contract of the properties of the period of the contract of 20 8.01 

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

deoth. Poge 4 may be

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	DEC	110	

7 57	REGISTRAR		CENTIL	ICAIL OI	PLAIN	REG. N	0.		
	ECEASED NAME FIRS	MIDDLE		LAST	A - I	20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
[ ] YP	C OK PKINT)	HERBERT H	ROB1	NSON	SR.	JUNE 10. 19	84		8:554
3 SE	X	4. RACE		OF BIRTH		6 AGE (IN YEARS LAST BE	THDAY)	MONTHS DAYS	IF UNDER 24 HOURS
P	ALE	WHITE	MONT 2	18	12	72	YRS.	MONING DATS	HOURS
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVE	R MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
	ARYLAND	USA	WIDOW	_	DIVORCED	BALTIMORE	Cour	ntv	
) EC	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME		STITUTION	12a USUAL OCCUPAT	ION	126 KIND	OF BUSINES
12	ROSSVILLE	FRANKLIN S		SPITAL		Mechanic-			elf-
		ME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION) OR TOWN	1134 INSIDE	CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD		empre
in.		ALTIMORE	OK TOWN	YES 🗌	NO XX		air Ro		6
74.E	ATHER'S NAME	WIDDLE	LAST	15. MOTHE	R'S MAIDEN NAM	AE MIDDLE		I.A.	63
4	Clarence				Laura			Heck	
	WAS DECEASED EVER IN U.		IAL SECURITY NO.	17. INFOR	MANT	ADDR	ss3712	≥ E. J	oppa H
/	(YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	5-07-0843	Her	bert H.	Robinson, Ja		ito.,M	400
	18 CAUSE OF DEATH (En	er only one couse per line for to	1), (b1, and (c1.)			7 7 7 7 7		APPRO: BETWEEN	ONSET AND DE
	1100 IMMI	EDIATE CAUSE (o) CARDIO							
	1627		CELL CAR						
	Conditions, if ony, which		STIVE HEA	RT FAI	LURE				
	gove rise to immediate couse (a), stating the		INSEQUENCE OF					100	
	underlying couse los	<u>1.</u> (c)							
	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELAT	ED TO THE TERMI	NAL DISEASE OR CON	DITION GR	VEN IN PART I	io
CERTIFICATION							0.34		
7 5	190. DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERI	ORMED	200 AUTOPSY?		S, WERE FIND	
台景	TEACHER			The City		YES NO	Y	ES 🗌	ио □
A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 111 1101	NTH DAY YEAR	21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
18	(IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	19	-3200					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR'		211 LOCA		CITY OR TO	wN	COUNTY	STA
2	WHILE NOT WHILE C	] [AT HOME, STREET, PACTOR	T, OFFICE, PARM, ETC.)						
1		hospital) attended the decease	d from MAY	22		- to JUNE 10	-	19_84	thoXI) (we
		ve on JUNE 10		nd that in X		leath occurred on the d			
	22b. SIGNATURE	view the body offer deal	m. + -	DEGREE		11000000000			SIGNED
	FAR	. cel			ATTENDING	MEDICAL STA		611	0/24
,	226. PHYSICIAN'S NAME	TYPE OR PRINT)		22e ADDR	PHYSICIAN	DIRECTOR PHYSIC	IAN X	10 11	0 10
/	ELO	VANSAH	V			N SQUA	05	Macen	TA/
220	BURIAL, CREMATION, REMO	0 1110 - 111	23c NAME OF C			123d LOCATION	N-	MUS PI	1/1
230	Burial Eurial	6-13-84	The second secon		netery	CITY OF TOWN	imana	COUNTY	AIS Dan I
	UNERAL DIRECTOR					REC'D. BY REGISTRAR		, Mary	
-	NAME	1 11 11	ADDRESS 7401	<b>Edia</b> 1236	JUNI			down-Ran	
			20 5 6	120	-1- 14		THE BUILDING	ATT AND DESCRIPTION OF THE PARTY OF THE PART	

DHMH - 16 50M 4/83 (VRA 15, 4)

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- Secretary of Mark 1 1000 and	and the later of t	

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arremoval. IMPORTANT: If them 21 is marked or them 18 shows any injury, an other traumatic event, the medical examine (Must be notified at order). executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

REGISTRAR			CERTIFIC	ATE OF DEATH		REG. NO	o.			
I. DECEASED NAME FIR	ST M	IDDLE	LAST		2a. DATE O		MONTH	DAY	YEAR	2b. HOUR
	BERT	н.	RO	HDE			6 2	26	84	12:38PM
3. SEX M	4 RACE		S. DATE OF MONTH	DAY YEAR	6 AGE (IN		THDAY) YRS.	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREK	USA	VHAT COUNTRY?	MARRIED (	NEVER MARRIED (		recuty o			ATH	ME
10. CITY OR TOWN OF DEATH  Towson	Greater.	Baltimore	e Medi	cal Center		OCCUPATE RK FOR MOST O		IFE) INC	USTRY	hone Co.
Md.	OME OR OTHER INSTITUTION COUNTY	13t. CITY OR TOWN Baltimor	e  13	RE INSIDE CITY LIMITS?	2609	ADDRESS Cros	sland	l A <sub>v</sub> e	₽.	21213
	re A. Rohde	LAST			NAME lizabet				LAS	51
160 WAS DECEASED EVER IN U (YES NO OR UNKNOWN) (# WW Yes	I.S. ARMED FORCES? YES, GIVE WAR OR DATES) WW II	213 12 3		Informant Irs. Patric	ia R. K	ADDRE e <b>11</b> y			-	1. 2123
PART 2. OTHER SIGNIFICATION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY		NTRIBUTING TO DE			20a AUTO	OPSY?	20b. IF YE	S, WERE	E FINDIN	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. IN JURY OCCURRED	OF DEATH HOUR A.A	A. MONTH DAY A.	YEAR 19	IL LOCATION	YES X	NO		PART I OR	PART 2)	NO []
WHILE NOT WHILE AT WORK	LAT HOME STRE	ET, FACTORY, OFFICE, FAF	RM, ETC )	STREET	77	CITY OR TO	WN	co	UNTY	STATE
22a. I certify that (1) (this saw the deceased of abave, (1) (we) (did w		26 19 8	11	that in (my) (our) opini	on death accurre	ed on the do	ate and ha	, 19_ <b>0</b> our and f	rom the	that (1) (we) lost couses stated
226 PHYSICIAN'S NAME	A.	200	>	GREE  ATTENDING PHYSICIAN Te ADDRESS	MEDICAL DIRECTOR	STAF	FE TIAN	22		SIGNED 27-84
	. Sirota,	M.D.		6701 N.			Towso	n, M	ID 2	1204
230. BURIAL, CREMATION, REM (SPECIFBURIAL)	OVAL 236. DATE 6/29/			NETERY OR CREMATOR	23d. LOC.	ation altimo	ore,	Md.	ITY	STATE
24. FUNERAL DIRECTOR MITCHELL-WIEDE	EFELD HOME,	INC. 65	00 Yor		UN 29	registrar 1984	2510 REGIS	David	SIGNAT	Pandall

DHMH-16 30M 2/80 (VRA 15, 4)

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# STATE OF MARYLAND

HYG	IENS 4 1 5 4 4	3 3
	REG. NO.	
	Za DAIL OI DEAIL	26 HOUR
	June 19,1984	7:00AM
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
7	77 YRS.	MOURS MIN.
	9 BALTIMORE CITY OR COUNTY OF DEATH	
	Balto. County	MD.
	12a USUAL OCCUPATION 12b. KIND C	F BUSINESS OR
	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Saleslady-Hecht Co	
_		•
5?	13e STREET ADDRESS / ZIP CODE	27206
I N A	6412 Walther Ave.	21206
INA	MIDDIE LAS	ST.
th		
	ADDRESS	
E.	Ross Jr. 6412 Walt	her Ave
	APPRÓX BETWEEN	MATE INTERVAL ONSET AND DEATH
ERM	IN AL DISEASE OR CONDITION GIVEN IN PART 1	0
W	20a AUTOPSY? 20b IF YES, WERE FINDI	
	YES NOT YES	NO 🗆
CURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	CITY OR TOWN COUNTY	STATE
34 nion o	to June 19 19 84 death occurred on the date and hour and from the	that (X (we) lost causes stated
	22c DATE	SIGNED

1	STATE REGISTRAR		DEPARIA		ICATE OF DEATH		IENE"	REG. NO	D.			
	PECE ASED NAME PEART	E.	DDLE	ROSS	AST		20 DATE OF		MONTH DA	AY YEAR	7:0	JR DOAM
1.	SEX	4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIR		FUNDER 1 YEAR	IF UNDER	24 HRS
9	Fem.	Cau		nonth		AR 0 7		7	7 YRS.	JA15	HOURS	MIN.
1/2	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF W		8.	NEVER MARRIE	. []	9 BALTIMOR	E CITY O		OF DEATH		
20	Md.	U.S	S.A.	WIDOWE			Balto	o. C	ountv			MD
11	CITY OR TOWN OF DEATH Balto.	1.1. NAME OF HO		IG HOME O	R OTHER INSTITUTIO		12a USUAL C	CCUPATI FOR MOST O				ESS OR
5 Us	SUAL RESIDENCE (IF NURSING HOME OF STATE 136, COU	OTHER INSTITUTION, G		ADMISSION)	138 INSIDE CITY LIM		130 STREET A 6412			Ave.	2120	06
20	FATHER'S NAME FIRST  John	MIDDLE	Gunt	1.51	15 MOTHER'S MAID	rth	ME	MIDDLE		LA		
160	WAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECU		17. INFORMANT	<u> </u>	u	ADDRE	SS			
4	(YES, NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)	215-28-	9966	Richard	E.	Ross	Jr.	6412	Walt	her	Ave
NON												
2	9a DATE OF OPERATION	196 CONDIT	ion for which operation was performed			20a AUTO	NOX		WERE FINDI		TH?	
MEDICAL CENT	OR CONTRIBUTING CAUSE OF DE	HOUR A.M R) P.M 21e. PLACE O	MONTH DA	216 HOW INJURY (	OCCURE	RED (ENTER NAT	CITY OR TO		COUNTY		STATE	
	22e.1 certify that (In this hosp saw the deceased alive or above, (In two) (did XXXX) 22b SIGN 101	ot) view the body o			d that in (My) (aur) of DEGREE  ATTENE	DING _	, , ,	_ STAI	F )	and from the	that (X)	tated
	22d PHYSICIAN'S NAME (1YPE				22e. ADDRESS 9000 F	rank	:lin Sa	uare	Dr2	1237		
23	BURIAL, CREMATION, REMOVAL		23c. N	NAME OF C	EMETERY OR CREMA		23d. LOCA			COUNTY	17.15	STATE
	Burial	6-22-	84	Balt	imore Cer	m.		alto		COUNTY		Md.
24	FUNERAL DIRECTOR		ADDRESS			250 DAT	RESID BY RE	SISTRAR	31 REGISTR	ARSSIGNA	TURE	1
J	ohn C. Miller	Inc. 6		lair	Rd.	10	17 4 6	0				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After the cartificate has been signed by the attending physician should be detached for use as the build internst permit. Then please remove corbon papers with the State Dept. of Health and Merital Hygerse prior to burial, cremation, or removal.

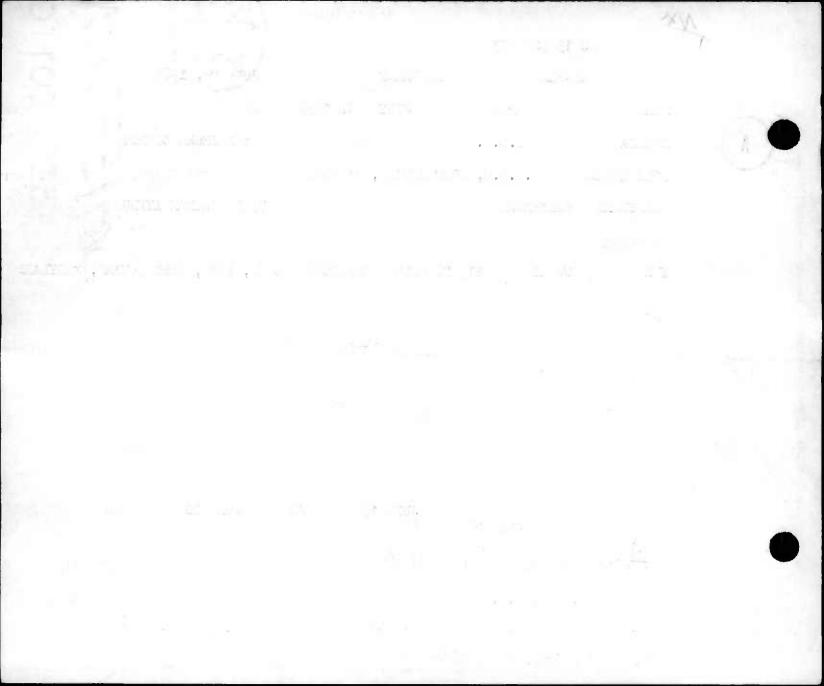
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DHMH - 16 50M 4/83

(VRA 15, 4)

1	1-	FOR STATE REGISTRAR XC 13 5		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO.	1 5	43.	4
		CEASED NAME FRST CHARLE	MIDDLE	RUDERMAN	LAST	JUNE 28, 19			HOUR
	3. SEX	ALE	4. RACE WHITE	JULY S. DATE O		6 AGE (IN YEARS LAST BIRTH	DAY] (E UND		NDER 24 HRS JRS MINL
7		RTHPLACE (STATE OR FOREIGN USSIA	T.S.A.	OUNTRY? 8 MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMORE		ATH	MD.
2		ORT HOWARD	11. NAME OF HOSPITA V.A.M.C, FO			120 USUAL OCCUPATION OF A MILITARY	working Life) IN Serv. I	KIND OF BUI DUSTRY JS GOT	siness or Jernmen
5	13a. S		TY ISC CITY	ence before admission) ( OR TOWN JEMETE	134. INSIDE CITY LIMITS?	7343 WALDMAI	AVENUI	21	219
U	1.5	THER'S NAME Joseph		lerman	15 MOTHER'S MAIDEN NAME FIRST	MIDDLE		LAST	
	16a. W	AS DECEASED EVER IN U.S. AR.		28 4822	CLINICAL RECO	ORD, VAMC, FO	ORT HOWA	RD, MA	
		Conditions, if ony, which gove rise to immediate couse to), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF PROPHIC I.	NIA, BILATERAI	SIS		DAY	MN
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE MORRHAGIC OF THE DESCRIPTION OF THE PROPERTY	ASTRITIS AN	D CYSTITIS		200 AUTOPSY?	20b. IF YES, WER	E FINDINGS	
7	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	in .	NTH DAY YEAR 19 RY	216. HOW INJURY OCCUR!	YES Y NO RED (ENTER NATURE OF INJURY			STATE
	W	WHIE NOT WHIE 2  22e. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 22b. AGNATURE	tal) attended the deceas	ed from JUNE	nd that in (my) (our) apinion		e and hour and		
		27d. PHYSICIAN'S NAME (TYPE OF	I, M.D.	· · · · · · · ·	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	AN [	/29/84 MD_21	052
	В	URIAL, CREMATION, REMOVAL SPECEFY URIAL	23b. DATE 7-3-84	230 NAME OF CO		23d LOCATION Baltimore		yland	STATE

FUNERAL DIRECTOR
Duda-Ruck, 984 guid Day Con inc. 7922 Wise Ave



DHMH - 16 50M 4/83

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

6010 REISTERSTOWN RD.

24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

I. DECEASED NAME

	m.g.		PE OR PRINT)	011	Pudanan	) a	20 04 1:40
2	:A )		SIGN	eu J.	Kuanai	Ų	20 87 470pm
E,		3. 3	LALE	4. RACE	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
- 5	11		Maic	White	1 1		rs.
(I.	20 20	170.	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	BALTIMORE CITY OR COL	
deo	19 3	1	MARYLAND	4.5.	WIDOWED DIVORCE		(XX & BALTO. CO.MD.
ž	11 10	102	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTIO	TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY MR. SIDS HOWRE
9510	e	1/	DUTIMULE	HKESVILLE NUR	sing & Conv. blo	WG IHARBARAHARAHARA	GRANT MR. SIDS HOWRE
1 24 hou	filled in auld be	) 130 P	UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN ARYLAND BA	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  NY  13c. CITY OR TOV  BALTO	VN 13d. INSIDE CUTY LIM	130.STREET ADDRESS / ZIP 6	SON RD. #21209
-th	2 sh	2.14.	FATHER'S NAME	MIDDLE A IASS	15 MOTHER'S MAID	EN NAME	WEINBERG
3	ald and and	2	benjamin	Kudn	ran kayaxa	RAY RAY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ecut	nd co ges 1	160	WAS DECEASED EVER IN U.S. AR			MRS. EILEAENREHIN	
e e	Poges 1		(YES, NO OR UNKNOWN) (IF YES, GIV	214-03	-33°05 2908 CH	HOKEBERRY CT. BAI	TO., MD 21209
e b	pers of.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	ndicii 6,0 A	. 0.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
#fice	phy on po omov		PART I. DEATH WAS CAUSE	E CAUSE (O) COPD	with Renge	word talle	e syrs
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deoth	attendin nove corb otion, ar i froumatic	1	Conditions, if any, which	( 1b) ASA	D with He	ar Tacture	SYRS
Ť	by the use rem cremo	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
that the	d by leose iol, ci		underlying cause last	(c)			
Se Ji	bur y	Ι,		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	N GIVEN IN PART To
regi	tr. The	NO IA					
*	QE & O	2 2	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The	te hos sit per giene shows	L L L	AL ACCORDING WAS INVESTIGATED TO	21b. TIME OF INJURY	121. HOW INTURY	YES NO P	YES NO
NA N	SOF W		OR CONTRACTOR OF DEALER	LIQUID A M MONITH E	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
SIC	0 5 9 5 /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19 211 LOCATION	<del> </del>	
H.		A P	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
S S	After the os the olth one marked		AT WORK AT WORK		16/1	//2-	19
END	OR: Prose		sow the deceased give on	tol) attended the deceased from,	P4, and that in (my) (our) a	pinion death accurred on the date on	d hour and from the causes stated
ATA	ECT ed fo		abave (1) Jwe (did) Idid no	t) view the body after death	DEGREE		22c DATE SIGNED
No.	DIRI toche Dep			La Moch		ING MEDICAL STAFF	1 - DIE
MIA	LERAL Store det	H				IAN DIRECTOR PHYSICIAN	
HOS	R Hay		BERNARD	R. SHOCKE	TMD 6804 4.	PARK HEIGHTS	ALK BALTO
0	with With O	-	1 '-				

7/2/84

& BROS., INC.

21215

BALTO., MD

SOL LEVINSON

STATE OF MARYLAND

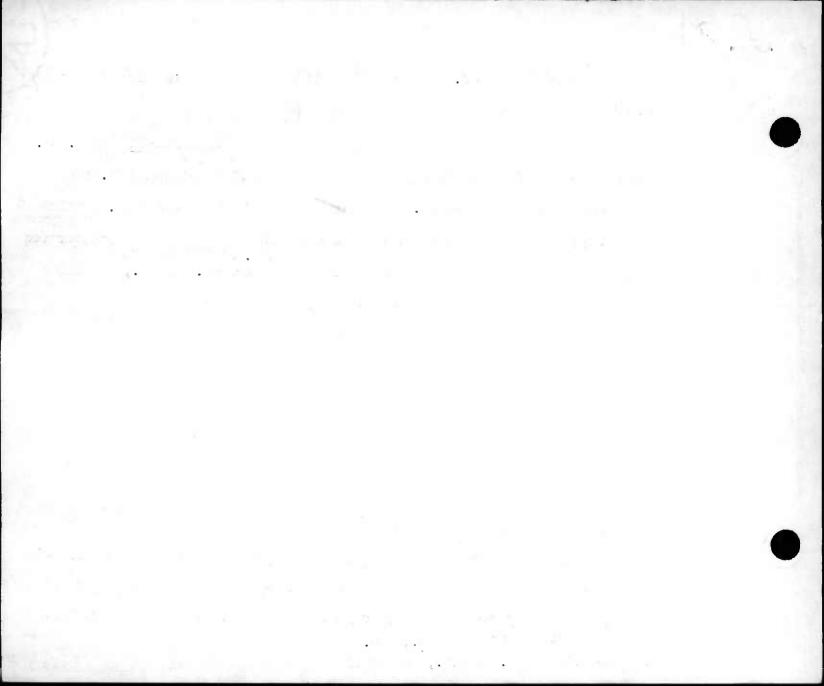
CERTIFICATE OF DEATH

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ADATH YESHURUN 23d LOCATION IMORE COUNTY MARYLAND 250 DATE REC'D. BY REGISTRAR 278 BEGISTRAR'S SIGNATURE SEE JUL 1984

REG. NO

MONTH

2a. DATE OF DEATH



Part of the control o AND ELECTRIC STREET STREET STREET STREET STREET STREET STREET STREET Table of the second of the sec The state of the same states and the same states are same states are same states and the same states are same stat ASSESSED TO THE PROPERTY OF TH Parties to the second to the second A SECTION AS A SECTION OF THE PARTY OF THE P e attending physician and completely filled in by the thomeove carbon papers. Pages 1 and 2 should be filled with

FOR

STATE OF MAKTLAND	5.3
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1 -	STATE REGISTRAR			DEPARIM		CATE OF	DEATH	REG.	NO.			,	
	CEASED NAME	FIRST	A	AIDDLE	Ü	AST		20 DATE OF DEATH		DAY	YEAR	2b. HOUF	R
(TYPE	OR PRINT)	CHAI	RLES !	В.	I	RULEY			06	25	184	1:45	P <sub>M</sub>
3. SE	х		4. RACE		5. DATE O			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE		IF UNDER 2	24 HRS
	Male		White		Маў	27th;	1917	67	YRS	MONTHS	DAYS	HOUR5	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	XIX NEVE	R MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
В	alto. Md.		USA		WIDOWE		DIVORCED	BALTIMO	RE COI	JNTY.			MD.
10 C	TOWSON	ΛТН		OSPITAL, NURSIN H FACILITY, GIVE STREET A ER BALTIM				12a USUAL OCCUPA CTYPE OF WORK FOR MOS MUSICIAN-				F BUSINES	SS OR
USU, 13a. S	AL RESIDENCE (IF NURSI	136 COUN		GNE RESIDENCE BEFORE 136. CHY OR TOWN	city	13d. INSIDE	CITY LIMITS?	13633 REET ADDRESS	s / ZIP COI lbourn	e Rd.	. 21	239	
14. FA	THER'S NAME Chas.	A. Ru	ley	LAST			r's MAIDEN NAM es Muell				ŁAST	r	
16a V	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFOR	MANT	ADD	RESS				
-	YES NO OR UNKNOWN)	"WW-"	2 WAR OR DATES)	212-16-	3551	Mrs.	Laverne	Ruley-163	3 Nor	thbou	ırne	Rd-	39
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	D BY: E CAUSE (a)	CESSATIO	N OF		RATION A	ND HEART B	EAT	В		MATE INTERV ONSET AND D	HTASC
	Canditions, if any,		( ıb)	AMMONIUM	TOXI	CITY				_	1	WEEK	
	cause (a), statin underlying cause	g the	DUE TO, OF	GI BLEED		LIVER	CARCINO	MA			1	MONT	H
7	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN F	ART IIa	-	
ō	HYPER												
CERTIFICATION	190 DATE OF OPERAT			TION FOR WHICH	OPERATION	N WAS PER	FORMED	YES NO	IN CERT	ES, WERE TIFYING C YES			H?
	OR CONTRIBUTING C	AUSE OF DEA	III	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PARTIORI	PART 2)		
MEDICAL	21d INJURY OCCURR					21f LOCA		CITY OR	TOWN	COL	JNIY	ST	TATE
	22a 1 certify that (1) saw the decease				6/ 84an		19 <u>84</u> y) (our) apinian c	to 6/25 death accurred on the	date and ho	., 19 <u>8</u> 4		that (1) (w	
	abave, (1) (we) (d 22b. SIGNATURE	did) (did na	ti view the bady	alter death.	1	DEGREE				224	DATES	SIGNED	
	Peter n	v. 7	ownse	nd			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN [[]]			5/84	
	22d PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDR	ESS						

TO FUNERAL DIRECTOR: IMPORTANT: If them 2 should be detached with the State Dept PETER TOWNSEND, M.D.

GBMC - 6701 N. CHARLES STREET

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 6/28/84

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.

23d LOCATION
CITY OF TOWN
Balto. COUNTY

Mitchell-Wiedefeld Home-6500 York Rd. 21212

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

A CONTRACT OF THE PARTY OF THE

n and completely filled in by the fureral a Poges I and 2 should be filed within 72 h

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. I	NO	1	5	4	3	8
KLO.	40.	•	_			

REGISTRAR			CERTII	TICALE OF DEATH	REG. NO	o. / )	7 2	0
1. DECEASED NAME (TYPE OR PRINT)	FIRST MARY EILE	EN RULLMAN		LAST	20. DATE OF DEATH  JUNE	1,1984	YEAR	2b HOUR
3. SEX Female	4 RACE Whi	te	5. DATE O	of Birth 5. 23,1912 <sup>EAR</sup>	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER MEHR
76. BIRTHPLACE (STATE ORI	OREIGN 76 CITIZEN	OF WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O Balti	more Co		A
Baltimore		OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET MICHURST F		OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAK	ON F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS C
USUAL RESIDENCE (# NURS 130. STATE Maryland	13b. COUNTY Baltimor	13c CITY OR TOW	/N	13d INSIDECITY LIMITS?	13e.STREET ADDRESS / 219 Midh		d. :	21212
14. FATHER'S NAME FIRST Aller	Jackson S	tevens		15. MOTHER'S MAIDEN NA FIRST Mary Ho	ofmeister		LAS	ST
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT			George M. Ru	allman, Jr.	Same		XIMATE INTERVAL LONSET AND DEAT
	which mediate by the lost.	o, or as a consequi b) o, or as a consequi	ENCE OF	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1:	10
NO LEGISLATE OF OPERA	TION 196. CO	ONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	26s AUTOPSY?	ZIN IF YES, W IN CERTIFYIN YES		NGS USED S OF DEATH?
WHILE ON WAT WORK AT W	RED ZIE PL	ME OF INJURY R. A.M., MONTH D. P.M. ACE OF INJURY W. SINET, FACTORS, OFFICE, 6	19	211. LOCATION 519821	RED TENTR NATURE OF NEW		COUPE	TIATE
22d. PHYSICIAN'S N	as Cho	ed the deceased from 19	NO.	nd that in (my but) opinion DEGREE ATTENDING PHYSICIAN 276 ADDRESS	to	,	and the same of th	3-BY
Ron C	Donehower	, M.D.		1 JOHNS FA	oping U	MCDLOC	M	-TV.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched for with the State Dept. of

MPORTANT: If Item 21 is mark

230. BURIAL, CREMATION, REMOVAL (SPECKY) Burial 24 FUNERAL DIRECTOR

23b. DATE June 4,1984

23c NAME OF CEMETERY OR CREMATORY Loudon Park

23d LOCATION
CITYORTOWN
Baltimore City

STATE

6500 York Rd 250 DATE REC Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

1984

CE City, Maryland
25b. REGISTRAR'S SIGNATURE DE
La Damacon Maryland

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23,1 (12,224 )	.c. edi W oleg
contractor - production	The second secon
- 10 M 3 M 3 CO L	Folklewes 19 10 mm t Jol
E11.17	so delsi spedal a district
best twinty you	r system poets succession
Harris . C. L. Lille . Co Section . Co Co.	
20 May ( miles 10/10)	orkiladall Meladaki
1891 Pert 14	diff was to the contract of
V8.8-J	College Colleg
NT MOTOR OF PLANE	The state of the s
e and texts, sit as a list	William St. B. C. Carlotte
Militaria de 17 de 180	Lites Like the second second second

in by the funeral dire

and 2 shauld be filed

carbon papers. Pages 1

shauld be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation. After this certificate has been

MPORIANT: If Item 21 is morked or Item

njury, or ather troumatic event, the

campletely filled

## STATE OF MARYLAND DEPARTMEN

N.	0	HE	ALT	H	AND	MENTA	L	HYGIENE	
	RT	IFI	CA	TE	OF	DEATH			DEC

- STATE REGISTRAR			CERTIFICATE OF	DEATH		REG. NO.				
1. DECEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH DAY			YEAR 26 HOUR		
(TYPE OR PRINT)	RUTH	G.	RUSS		June	5, 19	84		1:1	5P
3 SEX	4	RACE	5. DATE OF BIRTH		6. AGE IN YEAR	S LAST BIRTHDAY)		DER 1 YEAR	IF UNDER	
Female		White	Feb. 17,	1896	88		'RS	HS DAYS	HOURS	MIN.
		CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	D. I. ADDIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
Maryland	d	U.S.A.	37	DIVORCED	Balti	more	Cour	ity,		_ M
10. CITY OR TOWN OF D	EATH 1	1. NAME OF HOSPITAL, NURSII		ISTITUTION	12a USUAL OC		1	26. KIND C	E BUSIN	ESS O
Towson		Towson Conva	lescent H	ome	Teache		ING LIFE)	re-	Scho	ol
USUAL RESIDENCE (IF NU 13a. STATE	IRSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR		CITY LIMITS?	13e STREET ADI	DRESS / ZIP	CODE			

10. CI	I. CITY OR TOWN OF DEATH						126 USUAL OCCUPATION		126. KIND Q	F ROSINESS OK
1	Towson Towson Convalesce			ent Home		Teacher	Pre-S	lursery school		
		13b. COUN			VISSION) 136 INSIDE CITY L		13e STREET ADDRESS /		ZIP CODE lie Rd. 212	
	THER'S NAME				15. MOTHER'S MAIDEN NA					
	John	_	Murray	Galt	Alice		WIDDIE		Decker	
	vas deceased ever yes, no or unknown) NO		WAR OR DATES)	219-01-1623	IT INFORMANT Linwood	0.	Jarrell67		21 arford	234 Rd.
z	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating lihe underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
CERTIFICATION	ASCUI		196 CONDIT	MWW 130 1971 TION FOR WHICH OPERATION			IN CERTI		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	P.N	A. MONTH DAY YEAR A. 19		OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PAI	RT ( OR PART 2)	
MED	21d INJURY OCCURR WHILE NOT WH AT WORK	ILE		EET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	<b>6</b> -4/	CITY OR TO		COUNTY	STATE
	22s I certify that pr	Timis hospit	ol) attended the	deceased from	, 19	84	, to	k	-	that (I) (we) last

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS

Richard D. Maffezzoll, M.D.

660 Kenilworth Rd. 296-5300

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL,	CREMATION,	REMOVAL
Büri	- 7	
Duri	.aı	

23b. DATE 8,184 June

23c. NAME OF CEMETERY OR CREMATORY Prospect Hill

Cemetery Baltimore Co., STATE MD

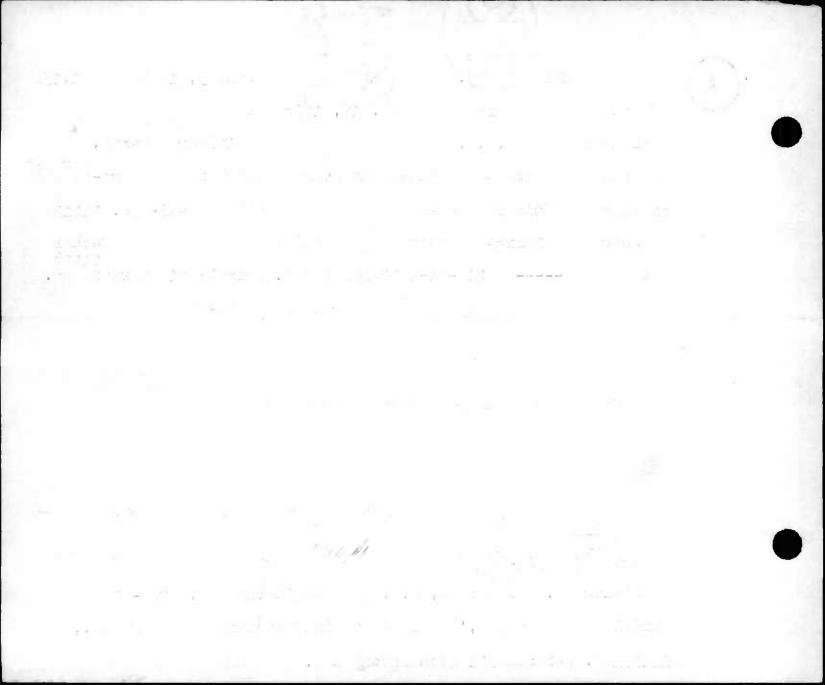
24 FUNERAL DIRECTOR

William E. Johnson8521 Loch Raven Blyd

JUN 6

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(1	1	5	6.3	4	1	
4						

1.	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
	CEASED NAME	FIRST		MIDDLE	i	AST	DIP ALL	20. DATE OF D	EATH MO	HINO	DAY YEAR	2b. HOUF	R ppm
(TYP)	E OR PRINT)	Rosamu	nd	Marie	RYDE	ER		June 1	9, 19	84		11:0	00 M
3. SE	х	4. 1	RACE		5. DATE O		YEAR	6. AGE (IN YEAR	S LAST BIRTHO		IF UNDER 1 YEAR	HOURS	PA HRS.
F	EMALE	T	HITE		4	2	14	70		YRS.		HOURS	MIN.
	IRTHPLACE (STATE OF	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	n NEVE	R MARRIED	9. BALTIMORE	CITY OR	COUNTY	OF DEATH		
	ARYLAND		USA	1	WIDOWE		DIVORCED [	Baltim	ore C	bunt	У		MD.
	OSSVILLE			HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	OR OTHER IN		12a. USUAL OC (TYPE OF WORK FO HOUSE	OR MOST OF W	ORKING LIF	E) INDUSTRY		
-	AL RESIDENCE (JE NUI			GIVE RESIDENCE BEFORE		IUSPI.	LAL	HOUSE	MILL	,	HOPL	EMAKI	.110
13a.	ARYLAND	BALTI		13c. CITY OR TOW		13d. INSIDE	CITY LIMITS?	13e.STREET AD	DRESS / Z		AVE.	2122	21
14 F	ATHER'S NAME					15. MOTHE	R'S MAIDEN NA						
22	John	MID	DIE	Bach		1	France		arv			annes	2
16a \	WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORM		1.	ADDRESS	5	0 011	· CIAIIO	
(	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212-01	-957	8 Jos	s. A. B	ach 20	3 Ly	nda.	le Ave	e. 2J	.236
	Conditions, if on gave rise to in cause (a), stat underlying caus	ing the	the DUE TO, OR AS A CONSEQUENCE OF										
z	PART 2 OTHER SIC	NIFICANT CO							OR CONDIT	ION GIV	EN IN PART 1	lo	
CERTIFICATION	19a DATE OF OPER	ATION	196. CONDITION FOR WHICH			OPERATION WAS PERFORMED		IN CERTIF		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO			
MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DEATH	P.	M. MONTH DA	Y YEAR		INJURY OCCURE	RED (ENTER NATUS	RE OF INJURY I	N ITEM 18 P	ART I OR PART 2)		
MED	WHILE NOT V	VHILE	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	ZII LOCA			CITY OR TOWN		COUNTY	51	TATE
	22a I certify that h saw the decea above, (f) (we)				-		, 19 <u>84</u> <del>y)</del> (aur) apinion (	, to_Jun death occurred o			19_ <b>84</b> and from the		
	226 SIGNATURE	Cille	UKC	ae mo		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N[4	6 1 (6	1.84	
	22d PHYSICIAN'S N	IAME (TYPE OR PE	INT)			22e. ADDR	ESS	F4					

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT, If Ite

24. FUNERAL DIRECTOR

Burial

FOR

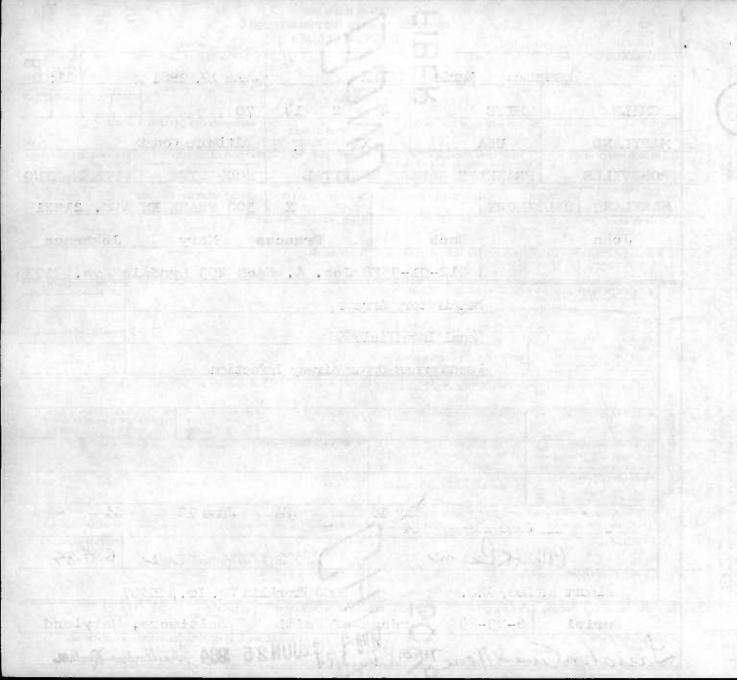
23a. BURIAL, CREMATION, REMOVAL 6-23-84 Gardens of Faith

Albert K. Lee, M.D.

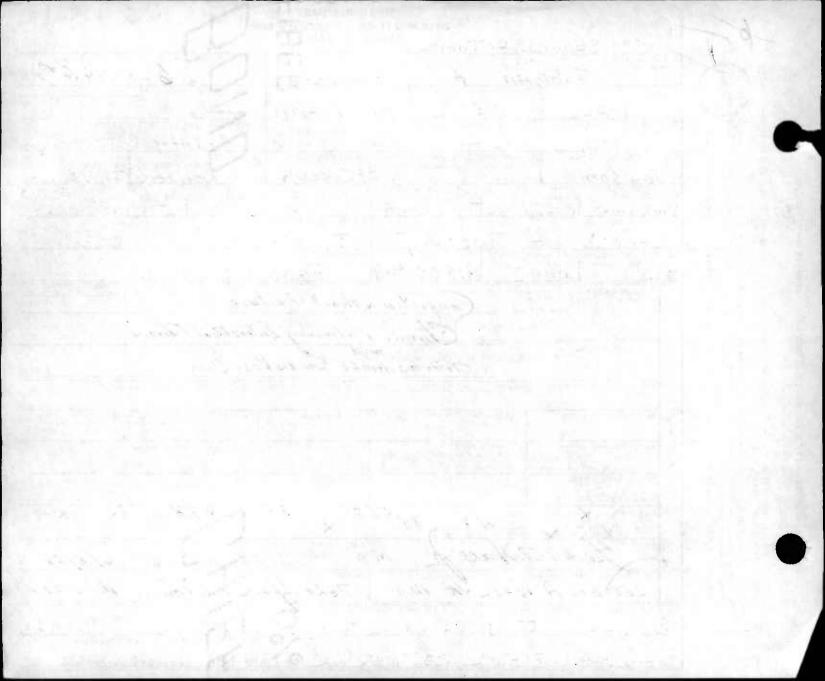
23d LOCATION
CITY OF FOWN
Baltimore, COUNTY
Baltimore 23c. NAME OF CEMETERY OR CREMATORY

DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

9000 Franklin Sq. Dr., 21237



		FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENES 4	5 4 4
		STATE REGISTRAR SAMU	IL A TUBM	CERTIFICATE OF DEATH	REG. NO.	
		OR PRINT)	LAST MIDDLE	Shming	20. DATE OF DEATH MONTH	-8-84 26
)	3. SE>		nan A	5. DATE OF BIRTH	6 AGE; (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF U
/		MALS	WHITZ	01 - 13 -1898		
34		OUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	ROLL CO
8	in CI	TOWSON	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WORKIN	
25	USUA 13a. S		PROTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)  OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
0	0	THER'S NAME	T. MORE T. MO	YES NO P	2310 CHST	MOD CIR
21	III FA	FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN IN	MIDDLE MIDDLE	RSPA
~		(AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	N JINK
	4	ES, NO OKONKNOWN) (IF TES, O	W.T 315-0	5-3987 FAM	IT RECORD	S APPROXIMAT
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(0)	grone / almonay	Enterstitial Fabre Vas. Dis.	
9	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WI	NICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS RTIFYING CAUSES OF YES \( \text{YES} \)
9	12-73	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	2) e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY
		22a.1 certify that **(this hasp saw the deceased alive a abave.)	oital) attended the preceased from		n death accurred an the date and	haur and from the caus
7	220.0	ZZETPHYSISIAN'S NAME (149E	ORPRINT) NALL S.	PHYSICIAN  220 ADDRESS  7620  231. NAME OF CEMETERY OR CREMATORY	ork Rd. Town	on MD2.
		URIAL, CREMATION, REMOVA	JUNS 12 1984	ORUID RIDES	RALT MORS	COUNTY MA
33	24 FL	INERAL DIRECTOR	FCHIMES 23		ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE



nofil

impletely filled in by the

physician

#### FOR - STATE

14. FATHER'S NAME

160

CERTIFICATION

MEDICAL

marked ar Item

FIRST

190. DATE OF OPERATION

HARRY

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	· i	4	La

LAST

GREEN

CERTIFICATE OF DEATH

REGISTRAR								REG. NO.					
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	DEATH M	ONTH (	OAY YEAR	2b. H	OUR	
	SEYM	OUR	CLAY	S.	ANDHOFE	R	JUNE	11,	1984	1	10	):00 X	M
3. SEX		4 RACE	HEART ST		5. DATE OF BIRTH	DAY YEAR	6. AGE (INY	EARS LAST BIRTHE		IF UNDER 1 YE		DER 24 HRS	_
MALE		WH	ITE		5/7/	1921	63		YRS.	322 2			
7a BIRTHPLACE   STATE	OR FOREIGN	7b. CITIZ	EN OF WHAT CO	UNTRY?	8. MARRIED X N	EVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		110	
NEW YORK		U.	S.A.		WIDOWED	DIVORCED [	BALT	IMORE	COT	JNTY		N	ND.
10. CITY OR TOWN OF	DEATH		OT IN SUCH FACILITY, G	IVE STREET A	G HOME OR OTHE HOSPIT.		TYPE OF WOR	OCCUPATION K FOR MOST OF V NEER		E) INDUST	OF BUS		
TOWSON USUAL RESIDENCE (#F)	SHIPSING HOME O	1 ~					1 DIVOT	MADEL		1 marx	11(01	110 1	
13a. STATE	136 COL		13c. CITY			SIDE CITY LIMITS?	13e STREET	ADDRESS / Z	IP CODE				
MARYT AND	BAT	PIMOR	E PAR	KVII	T.F. YES	□ NO 📉	8729	OAKLE	IGH :	ROAD :	21234		

WAS DECEASED EVER IN U.S. ARMED FORC		17. INFORMANT	ADDRESS	
YES 1939-1954	076.12.6940	LOIS S. SANDHOFER	SAME AS	13e.
18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO	e per line fol (1), (b) (and (c))	T GLIOMA OF	TSRAIN	BETWEEN ONSET AND DEATH
Conditions, if ony, which	O, OR AS A CONSEQUENCE OF			
gove rise to immediate couse (a), stating the underlying couse lost.	O, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVE	N IN PART 110

15 MOTHER'S MAIDEN NAME

FIRST

ANNE

NO T NO YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased of (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE

GREEN MOUNT CREMATORY

ATTENDING

PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS

6/13/1984

JOHNS HOPKINS HOSPITAL BALTO., MD.

BALTIMORE

MEDICAL

200 AUTOPSY?

HAMILTON MOSES, III, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 1 3 1984. Landow-Randelle

STAFF

MIDDLE

(VRA 15, 4)

CREMATION

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

MIDDLE

LAST

SANDHOFER

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

6/13/1984

MARYLAND

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

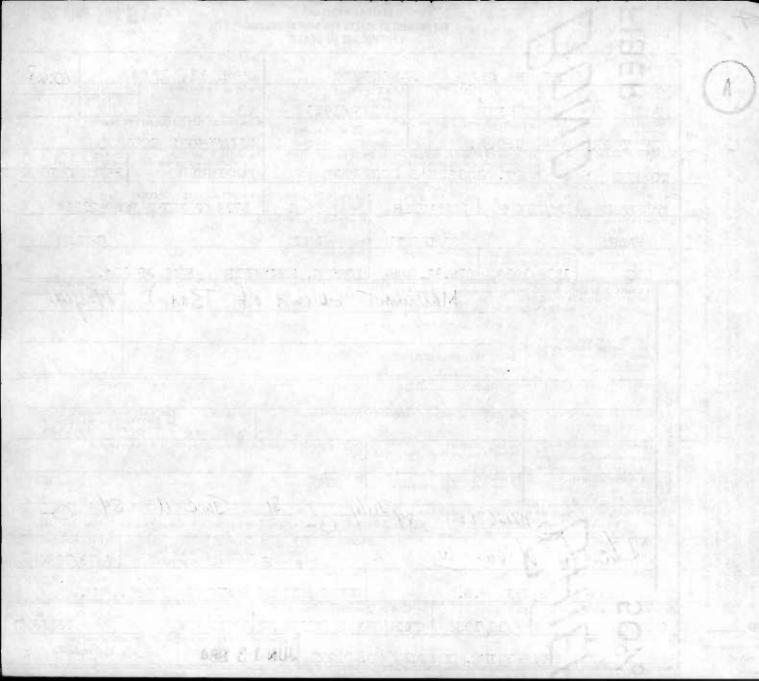
BP.

FUNERAL DIRECTOR, After

should be detach

MPORTANT:

DHMH - 16 50M 4/83



and 2 should be

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

certificate has

TO FUNERAL DIRECTOR: After this

etoined by the hospital

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows any

MEDICAL

	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLA EALTH AND M ICATE OF D	ENTAL HYG		FG. NO.	5	1-16	4 3
		CEASED NAME FOR PRINT)	PETER		MIDDLE		TOR I		20. DATE OF DEA		14	YEAR 84	7:00 F
	3. SE	Male		White	WHAT COUNTRY?	5 DATE O		YEAR 20	6 AGE (IN YEARS 63 9 BALTIMORE O	YR	MONT		IF UNDER 24 HRS HOURS MIN.
2		Mary ITY OR TOWN C	land	U.S		WIDOWE		ORCED		ore Co	unty		MI DE BUSINESS OR
C		wings M		138 Ce	darmere F	₹oad			Clerk	MOST OF WORKIN		DUSTRY	lroad
5	13a. S	Md.	IF NURSING HOME O		GIVE RESIDENCE BEFORE  13c CITY OR TOW  Owings N	N	13d. INSIDE CIT	Y LIMITS?	13e STREET ADD	ress Cedarm	ere	Rd. 2	21117
0		Dominic	k	MIDDLE	rtori	Ē.5	is MOTHER'S Cathe	IRST .		DDLE	Za	zzera	1
		YAS DECEASED YOU OR UNKNOW YES	EVER IN U.S. A	RMED FORCES?	213-18-6		Mrs. A		rtori -	Same a	s #1	3	
		Conditions, if gove rise to couse (0),	IMMEDIA ony, which	DUE TO, O	R AS A CONSEQUE	NCE OF	Komi	a, 9	le la pre	لح		BETWEEN	MATE INTERVAL ONSET AND DEATH MO-HAS
2	ERTIFICATION	19a DATE OF O	Shodi	lles 1	NEUMON TION FOR WHICH	ia.	Brain	of Ar	200 AUTOPSY	? 20b. IF	YES, WE	RE FINDIN	NGS USED OF DEATH?
7	CERT	210. ACCIDENT W	AS UNDERLYING	21b. TIME C		AY YEAR	21c. HOW INJ	URY OCCURR	YES NO		YES [	ORPART 2)	NO 🗌

211. LOCATION

CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL DIRECTOR

STATE

Garjulio

22a.1 certify that the (this haspital) attended the deceased from

21e PLACE OF INJURY

6/14/84

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

DEGREE

COUNTY

(SPECIFY) Removal 24 FUNERAL DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH

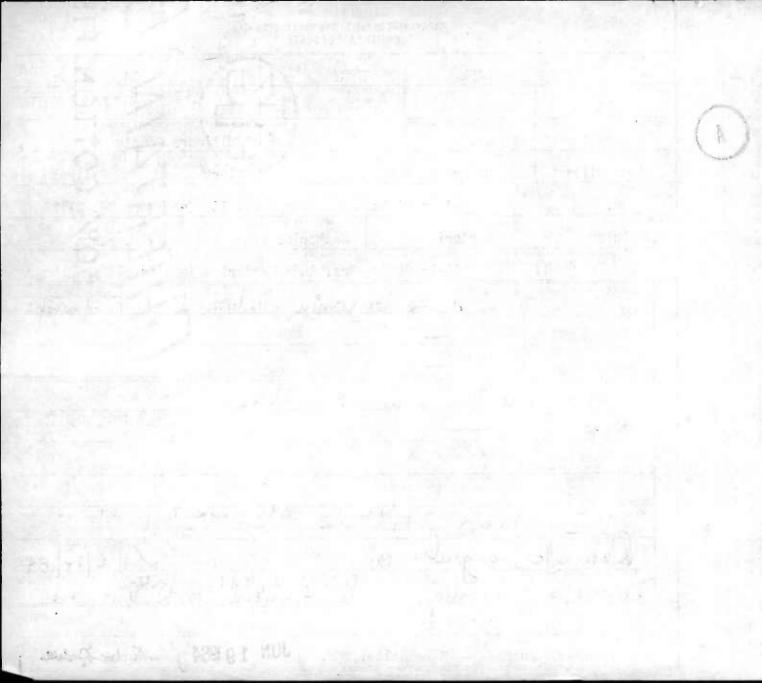
NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

Anatomy Board

Balto., Md.

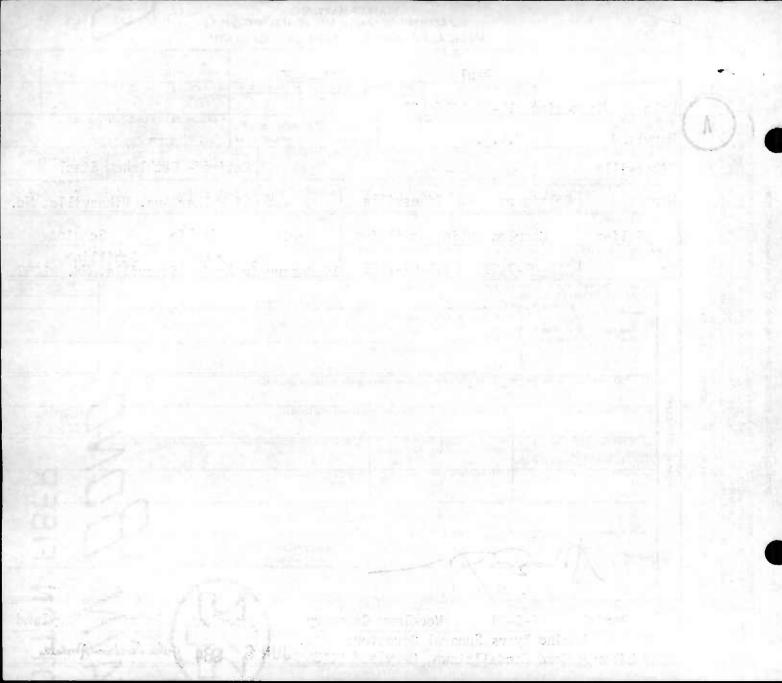
REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE 1984 White Drividson Randolle.



20M 4/B2

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

SEX   4. RACE   S. DATE OF BIRTH   DAY   MONTH   DAY   M	
RENNETH   Paul   SCHILLING	AY YEAR 76 HOL
A RACE   S DATE OF BIRTH   YEAR   S STEED   STEED   YEAR   S STEED   S STE	
Mary   Caucasian   11-12-19   5 68   VRS.   MODITED   DEAD   6 6 6   15	1984   YEAR   2d. HOI
12   13   14   15   15   15   16   16   16   16   16	1984 10:1
I. NAME OF HOSSITAL, NUSSING HOME, OR OTHER INSTITUTION   12a USUAL OCCUPATION (TYPE OF WORK 178 KIND (PNOT IN SUCH FACILITY, CINE STREET ADDRESS)   24 Walker Ave.   24 Walker Ave.   24 Walker Ave.   24 Walker Ave.   27 Walke	
Pikesville  24 Walker Ave.  Retired Biethlehem  SCRIM  24 Walker Ave.  Retired Biethlehem  SCRIM  Istantion  Istantion  Istantion  Istantion  Istantion  Istantion  Istantion  India Institution  Istantion  India Institution  India Institution	,
APPRICATION   The Country	OR INDUSTRY
Maryland Baltimore   SPikesville   Set   S	21200
FATER'S NAME   William   Charles Rubin Schilling   Marie   Emelie   Schmilling   Marie   Emeli	ville, Md.
William Charles Rubin Schilling Marie Emelie Schm    Marie Emelie Schm	
The country in the state of outside the state of the st	
APPROVED  The state of Death (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  U 292 IMMEDIATE CAUSE (o) Atteriosclerotic cardiovascular disease  Due to, or as a consequence of  (b)  Due to, or as a consequence of  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. Date of operation  196. Condition for which operation was performed?  216. External Cause was  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  199.  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  190.  217. LOCATION  STREET, FACTORY, FARM, ETC.)  STREET. FACTORY, FARM, ETC.)  The data of the stream of the part 1 (a).  APPROVED  BETWEEN  BE	ing
PART I DEATH WAS CAUSED BY:  1292 IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease    Conditions, if ony, which gove rise to immediate couse (o) storting the under-lying couse lost.    DUE TO, OR AS A CONSEQUENCE OF	Md. 21208
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a) storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21d EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY  Head Only	BETWEEN ONSET AND DEA
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id.  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 120. AUT HEAD YES  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY  HEAD ONTO	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 Inc.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 Inc.  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  110. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 Inc.  21d. INJURY OCCURRED 21d. THE TABLE OF INJURY (AT HOME. STREET) CITY OR TOWN COUNTY HEAD COU	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig.:  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  19c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  19c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  11c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1	
190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION  190	
AT WORK AT WORK Head Only	
AT WORK AT WORK Head Only	1 AUTOPSY? HEAD ONLY
AT WORK AT WORK Head Only	HEAD ONLY
AT WORK AT WORK Head Only	
AT WORK AT WORK Head Only	
Head Only	STATE
22a   Certify that I took charge of the remains described above, held an Autopsy [X], Inspection   Inquiry   ond in my opinion	
deoth resulted from: Notural causes X, Accident Suicide , Homicide Undetermined manner ,	n
deoth resulted from: Notural causes	
ACTUAL SIGNATURE ACTUAL MEDICAL EXAMINER SIGNED 6-7	6-7-84
(TYPE OR PRINT) Ann M. DIXON, M.D. ADDRESS III Penn St., BAITO., Md. 21	21201
230. BURIAL CREMATION, REMOVAL 226. DATE 230. NAME OF CEMETERY OR CREMATORY WOOd Tawn Baltimore Market Burial 6-9-84	
24 FUNERAL DIRECTOR   Oring Ryers Funeral Directors Inc 250. Date REC'D. BY REGISTRAR'S SIGNATURE	Marviland
8728 Liberty Road Randallstown, Maryland 21133 JUN 8 1984 Julia Davidson Per	Mary Tand



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haurs	d in by	Se od	6	USU 13a
nthin 24	2 shoul	See.	2	14. F
scuted w	lample of	coleto	10	16a
pe exe	non and	medi:	2	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter deoth. Page 4 may berretoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the lateral a vota, page 3 should be detached for use as the buriol-transit permit. Then please remove carbanoopers. Pages I and 2 should be file.	with the State Dept. or negation are not in hybrate prior to boriou, the motion, at removal.  When the Mem 21 is marked or them 18 thou any injury, or other troumatic event, the medical exprines	77	MEDICAL CERTIFICATION
0 5	Sp	3 5		230

STATE OF MARYLAND 1 - STATE

	REGISTRAR		CERTIFICATE OF D	AIN	REG. NO.		
	CEASED NAME FIRST FIRST FRAN	PES SO	CHLE SIN	C+F-R 20. D.	ATE OF DEATH MONT	DAY YEAR	26 HOUR 10
3. SE			DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 2 HRS
	FEMALE	WHITE	APR. 15,	1903	81	YRS. DAYS	HOURS // MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER M	ARRIED 9 BA	LTIMORE CITY OR CO	UNTY OF DEATH	
16	MARYLAND	USA	WIDOWED X DIV	ORCED	BALTIMORE		MD.
1	RANDALLSTOWN	BALT IMORE COUNT	Y GEN. HOSP		SECRETARY	KING LIFE) 126. KIND INDUSTRY CL	OF BUSINESS OR ERICAL
130	MARYLAND 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD NTY BALTIMOR	E YES XX		601 FORDS I	CA., APT.	803 #21215
M. F	ATHER'S NAME SAMUEL	GREENFIELD		RATIE KATIE	WIDDLE	IST	RAEL
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURI	TY NO. 17. INFORMAT	HAROLD	L. WALDERMA	N.	
100	NO	067-03-69	97 3011	ROMARIC	CT. BALT		21209
CERTIFICATION	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUEN    DUE TO, OR AS A CONSEQUEN   DUE TO, OR AS A CONSEQUEN   COLUMN   CONSEQUEN	CE OF COMP CE OF COMP CE OF Was cular ATH BUT NOT RELATED			bas en	INGS USED
GERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			NTER NATURE OF INJURY IN IT	YES [] EM 18 PART I OR PART 2)	NO 🗌
	OR CONTRIBUTING CAUSE OF DEA		YEAR				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC)	216	CHYOKIOWN	COOM	STATE
	220.1 certify that (1) (this hospi	ital) attended the deceased from	0-0-	19 04 11	6-25	19_84	hot (I) (we) lost
	sow the deceased alive on above. (I) (we) (did) (did no	6-28- bit) view the body after death.	ond that in (my)	our) opinion death r	occurred on the date ar	nd hour and from the	causes stated
П	22b. SIGNATURE	1 1	DEGREE	J. 15 (1)		22c DAT	E SIGNED
	Soonelu	ul Hore			DICAL STAFF ECTOR PHYSICIAN	X 6-	-28-84
	SOON CHU	LL H8NG	Batte	more C	ounty 9	everal	Hospital
23a.	BURIAL, CREMATION REMOVAL ISPECENT BURIAL	JUNE 29,1984 13 (HA	ME OF CEMETERY OR C R SINAI	REMATORY 230	OWINGS MII	LLS BALT	o. /wö
	UNERAL DIRECTOR SOL	LEVINSON & BROS.,	INC.	250. DATE REC	D. BY REGISTRAR OSL R		
	6010 REISTERSTO	WN RD. BALTO MI	21215	JULZ	1984	when don-1	williams.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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-16	40

## STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE O 4	NO.	2		
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
neehagen	Juno 16	1004			6.30

1. (1	TYPE OR PR														
		Hai	rry	Н.	Schnee	hagen			June		1984			6:30	
3.	SEX		4	I. RACE		5. DATE (		YEAR	6. AGE (IN	YEARS LAST BIR	(HDAY)	MONTHS		IF UNDER :	24 HRS
	1	Male		Wh	ite	8		10	73		YRS.			NOOK3	Will's.
Fa.	BIRTHE	PLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COU	NTRY? 8	D NEVER M	ADDIED [	9 BALTIMO						
	Mar	yland			USA	WIDOW		ORCED	Ba	ltimo	re Co	ounty	/		M
1		or town of DEA osedale		(IF NOT IN SU	CH FACILITY, GIV	NURSING HOME ( E STREET ADDRESS) are Hosp			120 USUAL (TYPE OF WOR Ret.				KIND OF DUSTRY	BUSINE	SS OI
U:	SUAL RE	SIDENCE (IF NURS	ING HOME OR C	OTHER INSTITUTION	13c. CITY O		113d. INSIDE CI	TVILLATES	13e STREET	ADDDECC	/ 71D COI	00			
		land				timore		NO	740 M				212	18	
_		R'S NAME					15. MOTHER'S					3			
1	M	Villiam	AA.	NDDLE	Sch	sı neehagen		ora		MIDDLE		- (	unkn	own !	)
160	o. WAS	DECEASED EVER	IN U.S. ARM	AED FORCES?		L SECURITY NO.	17. INFORMAL			ADDRE	ESS		( 0		
1	(YES N	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		10-3959A	Mrs.	Audrey	Rowla	nd 17	15 Pi	inoak	Rd.	212	234
F		CAUSE OF DEATH PART I. DEATH W	1.5. 1										APPROXIM BETWEEN OF		
	90	onditions, if ony, ove rise to imm ouse (0), statin iderlying couse	nediote g the	DUE TO, (	Multip	ISEQUENCE OF DE CERBE	o Vascu				ase				
PECATION	go co un PAI	onditions, if ony, ove rise to imm use (0), statin iderlying couse	which nediote g the lost	DUE TO, (c)  DUE TO, (c)  ONDITIONS C	DR AS A CON Multip DR AS A CON Diffus CONTRIBUTION	le Cerbr	ro Vascu ioselero	tic Va	SCUTAT	Dise SEORCON	20b. IF Y	ES, WERI	PART 110 E FINDING CAUSES C		H?
CEDTIEICATION	PAI 19a 21a.	onditions, if ony, to immuse (o), stofin iderlying couse RT 2. OTHER SIGN DATE OF OPERAT	which nedicte g the lost	DUE TO, (   b) _  DUE TO, (  (c) _  ONDITIONS C	DR AS A CON MUITIPED OR AS A CON DIFFUS CONTRIBUTION FOR A CONTRIBUTIO	ole Cerbr ISEOUENCE OF SE Arteri IG TO DEATH BUT	TO Vascusioselero TNOT RELATED DN WAS PERFOR	tic Va	SCUTATION AUTO	Dise	20b. IF Y	ES, WERI	E FINDING CAUSES C	OF DEAT	H?
	PAI 19a 21a.	ponditions, if ony, over rise to immuse (o), stofin idenlying couse	which nedicte g the lost  NIFICANT CO	DUE TO, (c) DUE TO, (c) ONDITIONS C	DR AS A CON MUITIPED OR AS A CON DIFFUS CONTRIBUTION FOR VOTE INJURY	ole Cerby ISEQUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO	TO Vascusioselero TNOT RELATED DN WAS PERFOR	tic Va	SCUTATION AUTO	Dise	20b. IF Y	ES, WERI	E FINDING CAUSES C	OF DEAT	H?
MEDICAL CEDITION	PAI 19a 21a. OR (III	onditions, if ony, over rise to immuse (o), stofin iderlying couse  RT 2. OTHER SIGN  DATE OF OPERAT  ACCIDENT WAS UND  CONTRIBUTING CONTRIBUTING CONTRIBUTING INTERPREDITING INTERPREDITING INJURY OCCURRE	which nedicte g the lost  NIFICANT CO  TION  DERLYING  CAUSE OF DEAT  CALEXAMINER)	DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b. CONT  21b. TIME C  HOUR A  F  21e. PLACE	DR AS A CON Multip DR AS A CON Diffus ONTRIBUTION OF INJURY A.M. MONT	DIE Cerby  ISEQUENCE OF  ISE Arteri  IG TO DEATH BUT  WHICH OPERATION  H DAY YEAR	TO Vascusioselero TNOT RELATED DN WAS PERFOR	tic Va	SCUTATION AUTO	Dise	20b, IF Y IN CERT	ES, WERI FIFYING ( YES ]	E FINDING CAUSES C	NO [	H?
7 1	PAI	anditions, if ony, to immuse (o), to immuse (o), derlying couse  RT 2. OTHER SIGN  ACCIDENT WAS UND  CONTRIBUTING COUTRIBUTING COUTRIBUTING COURTIBUTING COURTIBUTING COUTRIBUTING COUTRIBU	which nediote g the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT.  CALEXAMINER)  RED  ORK  (this hospite)	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b CONE  HOUR A  21b TIME (AT HOME, S)	DRASACON MUITIP DRASACON DIFFUS CONTRIBUTION DITION FOR A	DIE Cerby ISEOUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO  H DAY YEAR 19 OFFICE, FARM ETC.)  from May	TO Vascusioselero TNOT RELATED DN WAS PERFOI	tic Va TO THE TERM  RMED  JURY OCCURP	SCUTAY INAL DISEAS  200 AUTO YES  RED (ENTER NA	Dise SEORCON OPSY? NOM ATURE OF MUU CITY OR TO	20b. IF Y IN CERT IN CERT IN ITEM IB	ES, WERI	E FINDING CAUSES C	NO SI	H?
	PAI 19a 21a OR (11 21d Wr. AT V. 22a	ponditions, if ony, over rise to immuse (o), stofin iderlying couse  RT 2. OTHER SIGN  DATE OF OPERAT  ACCIDENT WAS UND  CONTRIBUTING COUTRIBUTING COUTRIBUTING COURTIBUTING COURTIBUTING COUTRIBUTING C	which nediote g the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT.  CALEXAMINER)  RED  ORK  (this hospite)	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b CONE  HOUR A  21b TIME (AT HOME, S)	DRASACON MUITIP DRASACON DIFFUS CONTRIBUTION DITION FOR A	DIE Cerby ISEOUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO  H DAY YEAR 19 OFFICE, FARM ETC.)  from May	TO Vascuioselero TNOT RELATED DN WAS PERFOI	tic Va TO THE TERM  RMED  JURY OCCURP	SCUTAY INAL DISEAS  200 AUTO YES  RED (ENTER NA	Dise SEORCON OPSY? NOM ATURE OF MUU CITY OR TO	20b. IF Y IN CERT IN CERT IN ITEM IB	YES CO	E FINDING CAUSES C	Sinot K (w	H?
9	PAI 19a 21a OR (11 21d Wr. AT V. 22a	DATE OF OPERAT  ACCIDENT WAS UND CONTRIBUTING CONTRIBUTIN	which nediote g the lost.  ION  DERLYING	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b CONI  19b	DRASACON MUITIP DRASACON DIFFUS CONTRIBUTION DITION FOR A	DIE Cerby ISEOUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO  H DAY YEAR 19 OFFICE, FARM ETC.)  from May	TO Vascus  ON WAS PERFORM  211. LOCATION  SIREET  DEGREE  A P	TTENDING	SCUTAY INAL DISEAS  200 AUTO YES  RED (ENTER NA	Dise SE OR CON OPSY? NO ATURE OF INJUI CITY OR TO June ed on the de	20b. IF Y IN CERT IN CERT IN TEM 18	YES CO	E FINDING CAUSES C (PART 2)  DUNITY  4 , th	Sinot K (w	H?
	PAI 19a 21a OR (11 21d Wr. AT V. 22a	DATE OF OPERAT  ACCIDENT WAS UND CONTRIBUTING CONTRIBUTIN	which nediote g the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT.  CALEXAMINER)  RED  ORK  (this hospite)	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b CONI  19b	DR AS A CON Multip  DR AS A CON Diffus  ONTRIBUTION  OF INJURY  A.M. MONT  OF INJURY  TREET, FACTORY,  the deceased  y ofter death.	DIE Cerby ISEQUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO  TH DAY YEAR 19 OFFICE, FARM. ETC.)  From May 19 19 4, 0	TO Vascus  To Vascus	TTENDING	SCUTAY INAL DISEAS  200 AUTO YES  RED (ENTER NA  deoth occurre  MEDICAL DIRECTOR	Dise SEOR CON OPSY? NO ATURE OF INJU CITY OR TO June ed on the de	20b. IF Y IN CERT IN ITEM 18	ES, WERITIFYING ( YES   3 PART LOR  19 80  22	PART 2)  DUNTY  4 , the crom the co	Sinot K (w	H?
MEDICAL	90 00 00 00 00 00 00 00 00 00 00 00 00 0	DATE OF OPERAL  ACCIDENT WAS UND CONTRIBUTING OCCURR  ACCIDENT WAS UND CONTRIBUTING OCCURR  INJURY OCCURR  Sow the deceose obove, (we) (c.)  ACCIDENT WAS UND CONTRIBUTING OCCURR  ACCID	which nediote g the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT. CALEXAMINER)  RED  (this hospite ad olive on did) (the nediote of the n	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  ONDITIONS C  19b CONI  19b	DR AS A CON Multip  DR AS A CON Diffus  ONTRIBUTION  OF INJURY  A.M. MONT  OF INJURY  TREET, FACTORY,  the deceased  y ofter death.	DIE Cerby ISEOUENCE OF SE Arteri IG TO DEATH BUT WHICH OPERATIO  H DAY YEAR 19 OFFICE, FARM ETC.)  from May 19 06 SEE17	TO Vascus  To Vascus	TO THE TERM  RMED  JURY OCCURF  IN  J. 19.84  JOURY OPINION OF  TTENDING  HYSICIAN  Frank	SCUTAY INAL DISEAS  200 AUTO YES D  RED (ENTER NA  deoth occurre  MEDICAL DIRECTOR  134 LOCA	Dise SEORCON OPSY? NOM LITURE OF INJURE OF INJ	20b. IF Y IN CERT IN ITEM 18	ES, WERITIFYING ( YES   3 PART LOR  19 80  22	E FINDING CAUSES C  RPART 2)  DUNITY  4 , th  Crom the co	DF DEAT NO SINGLE STATE OF THE	TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

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executed within 24 hours afte

	1-	FOR STATE OF MARYLAND  FOR STATE REGISTRAR  STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME FIRST		WIDDLE	-	LAST	2a DATE OF DEATH	MONTH DAY	YEAR 21	b. HOUR
	(TYPE	EU92	EUGENE SCHUTTZ					6 28	284	1.150.
1	3. SE		4. RACE	4.	S. DATE (	DE BIRTH  DAY  YEAR  12  10	6. AGE (IN YEARS LAST BE	RIHDAY[ IF MOP	UNDER I YEAR IN	FUNDER 24 HRS
5	M	RTHPLACE (STATE OR FOREIGN COUNTRY)  IARY LAND	USA		WIDOW		9 BALTIMORE CITY OF BALT IM	ORE COU		MD.
	В	ALT IMORE	SPRIN	G GROVE S	STATE	HOSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST EMPLOYEE	OF WORKING LIFE)	126 KIND OF B INDUSTRY PRINTI	
	13n. S			13c. CITY OR TOW BALTIMO	/N	13d. INSIDE CITY LIMITS?	NADE AVE.		#212	228
1	14. FA	ATHER'S NAME FIRST UN	KNOWN	LAST		15. MOTHER'S MAIDEN NA	UNKNOW		EAST	
	()		S DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT RICHARD A. APREEDL 218-76-8600 326 ST. PAUL PLA. BALTO						ER MD 212	202
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OLICION CONDITIONS	RASA CONSTRUCTION	ENCE PLANTE				IN PART Tra	TE INTERVAL
	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES [	FINDINGS OF CAUSES OF	S USED DEATH?
	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	EATH HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	-90
	MEC	WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		22d PHYSICIAN'S RAME (TYPE	not) viewhe body	e deceased from_ offer death.		, 19	MEDICAL STA	FF CIAN 1	22c. DATE SIG	
	(1	surial, cremation, remova specify) BURIAL	6/29/			EMETERY OR CREMATORY ORE HEBREW	23d. LOCATION CITY OF TOWN BALTIM	ORE		STATE
		NERAL DIRECTOR SOL		& BROS. BALTO.			E REC'D. BY REGISTRAR	1 1.	R'S SIGNATURE	ndell

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remayal.

MPORTANT. If them 21 is marked of them 8 show sany injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician

BP.

A THE STATE OF THE

27 Le 52 3 adjudice from days 41 Cott 4 16 621 8 1410 · H. S. C. SHIE OF THE L. THE ST.

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physician should be detached for use or the burnol framit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hygiene provito burnol, cremation, or removal.

ATTENDING PHYSICIAN, The low

etained by the bospital or

DHMH - 16 50M 4/8:

(VRA 15, 4)

TO HOSPITAL

IMPORTANT, if hem 21 is marked or item 18 shows any injury, ar other traumatic event, the

1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF F CERTIE

E OF MAKILAND	71	
EALTH AND MENTAL HYGIENE	6.1	
ICATE OF DEATH	PEG NO	

REGISTRAR		CERTII	TERTE OF PERTI	REG. N	10.			
DECEASED NAME FREI	ward	John Schwarzh	noff	June 6		1 9:50 a		
Male	4. RACE White	Marc	h 8 4923 YEAR	6. AGE 61 YEARS LAST BE	RTHDAY)  F UNDER 1 YEA  MONTHS DAY  YRS.			
BIRTHPLACE (STATE OR FOREIGN	US	WIDOWE		Baltimore city of	or county of DEATH e County	M		
ossville 21237	Frank	HOSPITAL, NURSING HOME CONFESSION SQ. HOSPITAL		170 USUAL OCCUPAT		of Business or		
SUAL RESIDENCE (IF NURSING HOME STATE 136_CO. Maryland Ba	or other institution inty	GIVE RESIDENCE BEFORE ADMISSION) 13 Middle River	13d INSIDE CITY LIMITS?	130.ST25E3 4000ESS	1thoph Rd.	21220		
FATHER'S NAME FIRST George	"Schwar	zhoffiasi	15. MOTHER'S MAIDEN NA Entra	Jacobs MIDDLE		LAST		
WAS DECEASED EVER IN U.S. A	RMED FORCES?  Korean	166. SOCIAL SECURITY NO. 213 34 6070	Carrie Schw	arzhoff, Wi		ame		
PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		ONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINE	DINGS USED		
		DF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO.	YES [	NO []		
CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK AT WORK	P. 21e PLACE	M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
220.1 certify that (this has	220. I certify that Ar (this hospital) attended the deceased from June 1, 19.84, to June 6, 19.84, that of (we) last saw the deceased alive an June 6, 19.84, and that in Law) (aur) opinion death occurred on the date and haur and from the causes stated above. (Alwe) (did) (20.00) view the bady after death.							
226. SIGNATURE Del	alui-		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		G/F		
M. Delahunt	, M.D.		9000 Frank	din Square	Drive, 212	237		
BURIAL, CREMATION, REMOVA	23b. DAJE/9	/84 Holly H	emetery or crematory	Gardens Town	Balto., Co.,	Md. STATE		
uzdžinski Fune	ral Home	PA 1407 Old E	astern Ave J		Julia Davidson			

Marie 2021 a morest of the or wills first to the continue of the continue Morriand Deltinors | Nimile siver ox 25 5 willthown Do. - 21 20 Michael Anna Anna Marina Langues Ins Cores 223 34 5070 Arris Commission, alto E 6/9/84 colly till temperal waders below, to., id. of all the profession of the community of the second secon

FOR

	STATE OF MARYLAND	40.7
DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
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MN	INTERN C	OF HEALT	II AIND IV	PEGALME	111 Offe	iacf	
IA.	FYAM	INED'S	CEPTIE	CATE	OF DE	ATH	

REGISTRAR		1	MEDICALI	EXAMINE	ER'S CE	RTIF	CATE	OF DE	ATH REG. NO				
DECEASED NAM	HELEN	)	NALKE	R	SC	e T			OF ESTI- DEATH MATED	MONTH 6	H DAY	1984	26 HOUR 0309
Female	4 RACE White	5. DATE OF BI	IRTH DAY YEAR 2 1891	6. AGE 1IN YEAR LAST BIRTHDAY 92 YRS	MONTHS	DAYS	HOURS	R 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	4	184 184	24. HOUR
FOREIGN COUNTRY) Pennsylv			J.S.A.		MARRIEC WIDOWE	_	VER MARI		Baltimore Baltimore	-		DEATH	MD.
I CITY OR TOWN	OF DEATH		HOSPITAL, NUI		OR OTHER	INSTITU	ITION		UAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OF WORK		ND OF BU: R INDUSTR	

Dundalk	1962 Dei	nbury Drive			Housewife	e		
SUAL RESIDENCE (# IN I 130. STATE Maryland	NURSING HOME OR OTHER INSTITUTION, OF 13b. COUNTY  Baltimore	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN  Dundalk	13d. INSIDE (I		ADDRESS Denbury	Drive	21222	
14. FATHER'S NAME FIRST William	MIDDLE Howard	Walker	15. MOTHE Mar	R'S MAIDE RST Garet	WIDDLE		Elliot	

16b. SOCIAL SECURITY NO.

179-36-6204

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF

17. INFORMANT

Ruth S. Kelly

lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION

21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR

CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK AT WORK

and in my opinian 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide deoth resulted from: Notural couses Accident Undetermined manner

ITLE (SPECIFY) MEDICAL EXAMINER

EXAMINER'S NAME J. CROSSAN O !) ONOVAN (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

DATE

SIGNED

ADDRESS 1962 Denbury Drive

Balto. MD 21222

20 AUTOPSY? YES 🔲

230. BURIAL, CREMATION, REMOVAL 236. DATE Lower Path Valley Cem Burial 6/6/84

Fannettsburg, Franklin

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

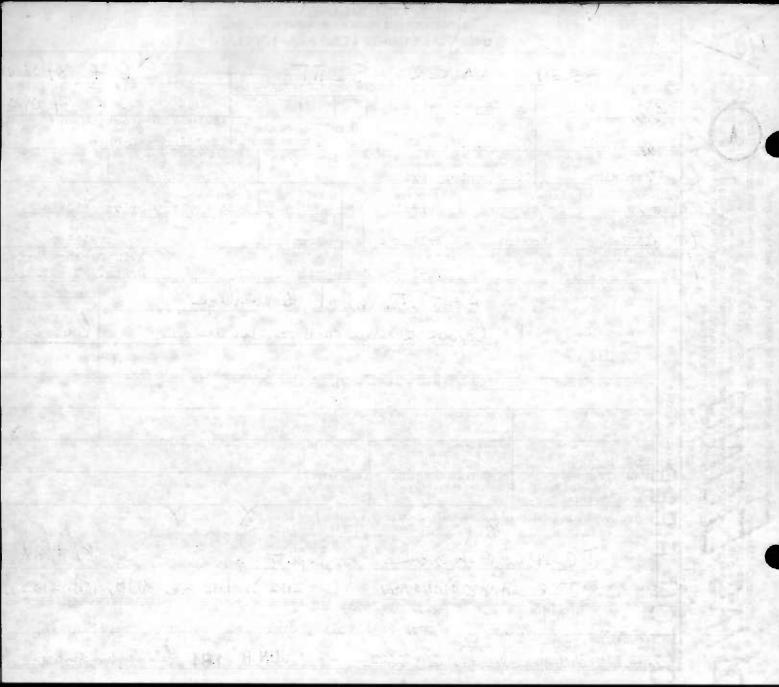
I JIF YES, GIVE WAR OR DATES)

(YES, NO, OR UNKNOWN)

21222

Julia Davidson-Randos

**DHMH - 17** (VR A15 ME (5) 20M 4/82



STATE OF MARYLAND

23b. DATE 6/7/84

230 BURIAL, CREMATION, HEMOVAL

BURIAL

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	D.		J.	
DECEASED NAME FIRST	MIDDLE	LAST		26. DATE OF DEATH	MONTH	YAO	YEAR	26 HOUR
INPE OR PRINT!	JLE F.	SCOTT		JUI	NE	02	84	4:55A
SEX	4. RACE	5. DATE OF BIRTH	W	6 AGE (IN YEARS LAST BIRT	(HDAY)	# UNDI	PLYEAR	IF UNDER 24 HRS
FEMALE	BLACK	08" 05°	17 EAR	66	YRS		DATS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY O	R COUN	TY OF DE	EATH	1/2
VIRGINIA	LISA		ONORCED [	BALTIMORI	E CC	UNT	Υ	MD.
TOWSON, MD.	GBMC-670			(TYPE OF WORK FOR MOST O			KIND O DUSTRY	F BUSINESS OR
ISUAL RESIDENCE (IF NURSING HOM) 30 STATE 13b, CC	DUNTY 13c. CITY C	TO. YEXX	CITY LIMITS?		ZIP CO		AVE.	4/
FATHER'S NAME	MIDDLE L.	AST 15 MOTHE	R'S MAIDEN NA	ME			LAS	r.
ULYSSES	BURR		INIA			0		
WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORM		ADDRE				
NO	216-3	U-8401 [CALL	IE SMITH	1103 N. CA	RROL	LTON	AVE	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse per line for (o),					-		ONSET AND DEATH
	DIATE CAUSE (D) CARD	10 PULMONARY	ARRES				IMM	EDIATEL
1820	DUE TO, OR AS A CON							
Conditions, if any, which	( (b) COMP	LICATIONS SE	CONDAR'	Y TO ENDO	ME TR	RIAL		EVERAL
gove rise to immediate cause (a), stating the	DUE TO, OR AS AN	DEGASTROINTE	STINAL	CANCER				MONTHS
underlying couse lost.	(c)							
	AT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATE	ED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN IN	PART 1	>
190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERF	ORMED	20a AUTOPSY?				OF DEATH?
T L				YES NO		YES 🗌		NO 🗌
	DEATH HOUR A.M. MON		INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM I	8 PART I OF	PART 2)	
OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY			CITY OR TO	WN	cc	PINITY	STATE
AT WORK AT WORK		OFFICE TARM, ETC.)						
220 I certify that (A Was ha	ospital) attended the deceased	1 from 845/28	19 <mark>84</mark> y) (aur) opinion	, to6/02 death occurred on the do	ote and h	_, 19_ <mark>8</mark> our and f		that X: (we) last causes stated
22b. SIGNATORE	L C	DEGREE W7	ATTENDING PHYSICIAN	MEDICAL STAI		2	6/a	SIGNED 2/84
22d PHYSICIAN THANE III	INE CREMENT)	22e ADDR	ESS				1	

23¢ NAME OF CEMETERY OR CREMATORY

23d. EOCATION
CITY OF TOWN
BALTO

COUNTY

734 REGISTRARSSIGNATURE Funa Davidson-Kandell

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

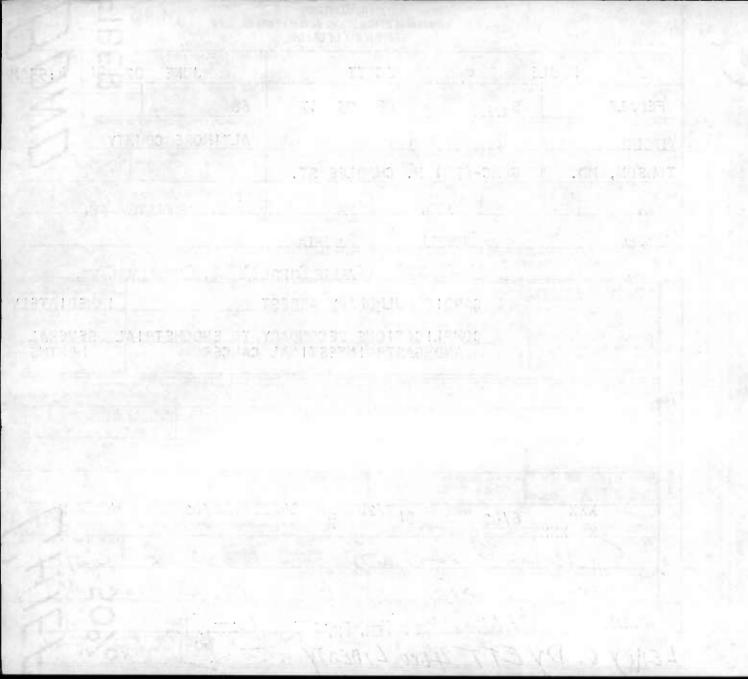
etained by the haspital

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked or Item 18 shows any



requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

4 may be

	FOR	
,	STATE	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	ν		
	DECEASED NAME FIRST  YPE OR PRINT)  WIII	I TAM	SCOTT	28. DATE OF DEATH MON	70 04		
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS		
L	MALE	Васк	MG 21 YEAR 18	66	MONTHS DAYS HOURS MIN.		
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	^ L-		
	OUTH LAR.	USA	WIDOWED DIVORCED	BALTIMORE	Sylve-Year May		
E	SALTO.	5140 WOOLVER	RTON AVE.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO			
13	DUAL RESIDENCE (IF NURSING HOME OR ISTATE  13b. COUN		N 134 INSIDE CITY LIMITS?	15140 WOOLV	ERTON AVE. 234		
14.	FATHER'S NAME I RV I N	SCÖTT.	15. MOTHER'S MAIDEN NA	MIDDLE	SCOTT LAST		
160	(YES, NOR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)		COTT 5140 W	OOLVERTON AVE.		
Г	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and	CARCINGTA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
L		E CAUSE (O) LUNG	CHECINONA				
18	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF				
	gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF				
2		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 110		
CEPTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?		
78	OR CONTRIBUTING CAUSE OF DEA	3	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STATE		
1	220.1 certify that (I) (this hospissow the deceased alive on	tal) attended the deceased fram	FT, and that in (my) (our) apinion	death occurred on the date of	, 19 , that (I) (we) last and hour and from the couses stated		
	226. SIGNATURE Can	I: CL	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED		
	224 PHYSICIAN'S NAME (TYPE O	RPRINT)	22a. ADDRESS	М			
1	0.4.4.1.	SHEN	711 W.40	I ST. B.	ALT. 10. 21211		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in by the school of the second papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

INFORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examples and be attended.

24 FUNERAL DIRECTOR
LEROY 0.

O. DYFTT 4600 LIBI

ADDRESS

AUBURN CEM

236. DATE RECT ALGEBRA DE LA PROPERTIE DE LA P

State with was been fired

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 24 DATE OF DEATH MIDDLE 2h HOUR 1984 Η. SEABROOKS. DVM JUNE 5:00am IF UNDER 1 YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 27, 1921 White Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH

7a BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED IN NEVER MARRIED New York U.S.A. WIDOWED DIVORCED

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS)

Edgewood Road 21234

Baltimore County. 12b. KIND OF BUSINESS OR INDUSTRY Veterinarian Veterinary

Baltimore Maryland

RICHARD

4 RACE

134 INSIDE CITY LIMITS? NO 💢 15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 1928 Edgewood Rd. Madeline

Atkins 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

(TYPE OR PRINT)

3. SEX

CERTIFICATION

00

ö

REGISTRAR

Male

DECEASED NAME

166 SOCIAL SECURITY NO -12-8909

Seabrooks

17. INFORMANT

Jean A. Seabrooks1928 Edgewood Rd.

206 IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

Wagner

(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH DAY	YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

2

214 INJURY OCCURRED AT WORK AT WORK

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying couse last

190 DATE OF OPERATION

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

20a AUTOPSY?

22a I certify that (1) (this hospital) attended the deceased from. Jane 27 19 #4 sow the deceased ala abave (H)(we) (did (did nat) yew the bady after death

DEGREE ATTENDING

MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

\_\_ and that in (my) (our) apinion death accurred on the date and hour and from the couses stated

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Davis Hahn, M.D.

aus

Raven

5601 Loch Raven Blvd,

23a. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 2.184 Pine Crest Cemetery

Mobile.

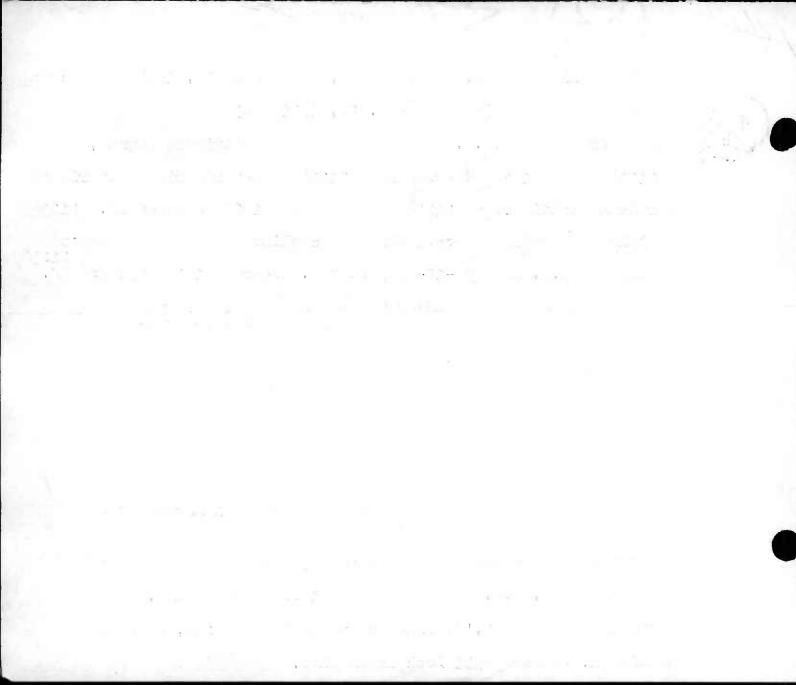
24 FUNERAL DIRECTOR

E. Johnson 8521 Loch

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached with the State Dept.

MPORTANT



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME Donald Cook Sechrist 2a. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED AGE (IN YEARS SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED Male Nov. 02, 1926 DEAD White 57 YRS 2 198 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Penna. USA WIDOWED WY DIVORCED FILED, D. CITY OR TOWN SEDEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Randallstown Baltimore County General Hosp.

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Randallstown Manager 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Middle River 2234 Hawthorne Rd. NOT PAGES 1 AND 2 S DIVISION OF MITAL FORM PM 3 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Sechrist Beatrice Park 18. Gr. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes 1945-46 208 14 8992 Brian Sechrist 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL G" IN PENCIL IN ITEM 18.

AL EXAMINER ALONG W
BURIAL-TRANSIT PERMIT. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, MEDICAL PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) × CERTIFICATION USED AS 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? CHIEF 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, G OF YES NO [ 71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 71f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 215 FIFICATE, BE FORV 120 I cortile that I took charge of the remains described above, held an Autapsy Inspection and in my ppinipn death resulted Hamicide Accident Suicide Undetermined manner MEDICAL EXAN TITLE (SPECIFY) DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) 6/26/84 Moreland Memorial Park Baltimore County Maryland BP 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Funeral 1407 Old Eastern Home 15M 7/77

STATE OF MARYLAND

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	ALD I ALAITE	RST	MIDDLE	L.	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR		
(TYPE OR PRI	Che	ARIES	6.	SEI	45 Sr.	0	6 1.	4 1984	735		
3 SEX	0111	4 RACE	<u> </u>	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR		
M	ALE	wh	ite	i 2	03 1898	85	YRS.	AONIHS DAYS	HOURS MIN		
BIRTHP	RYLAND	76. CITIZEN	OF WHAT COUNTS	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O	_	Count	EY N		
A	R TOWN OF DEATH	(IF NOT	OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STA	SING HOME C REET ADDRESS). HOSOI+	A L	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Cabinet Ma	OF WORKING LIFE	12h KIND C INDLATES Cons	F BUSINESS OF & Si		
130. STATE		BA HO.	13c. CITY OR TO Balt	NWC	136 INSIDE CITY LIMITS?	130.STREET ADDRESS	a company	2123	36		
Joh	r's NAME nn Seiss	WIDDLE	LAST		Ida Eyle:	r		tas	3		
	DECEASED EVER IN (	U.S. ARMED FORC IF YES, GIVE WAR OR DAI			John Seiss	same add:		as abo	ove		
go	, ,	liote the lost.	O, OR AS A CONSEC								
	RT 2 OTHER SIGNIFI	ICANT CONDITION	NS CONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 1	0.		
CERTIFICATION 13 to 12 t	DATE OF OPERATIO	N 196 C	ONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES			
OR OR O	21a. ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21b. TIME OF INJURY  AND										
WH AT W	INJURY OCCURRED  HILE NOT WHILE AT WORK	LIATHO	ACE OF INJURY ME STREET, FACTORY, OFFI	CE, FARM, ETC }	21f. LOCATION STREET	CITY OR IC	OWN	COUNTY	STATE		
	226. I certify that (I) (this haspital attended the deceased from #44 30 1984 to JUNE 14 1984, that (I) (we) less we the deceased alive an many first from the causes stated above, (I) (we) (did) (did not) view the body after death.  226. DATE SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 DIRECTOR PHYSICIAN 1										
	above, (I) (we) (did)	olive on 174 (did not) view the			DEGREE ATTENDING	MEDICAL STA	FF				

250. DATE REC'D.

21236

5

REGISTRAR 25

15 REGISTRAR'S SIGNATURE,

DHMH - 16 50M 4/83 (VRA 15, 4) Schimunek Funeral 9705 Belair Road,

Home Inc. Balto., Md.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ter death

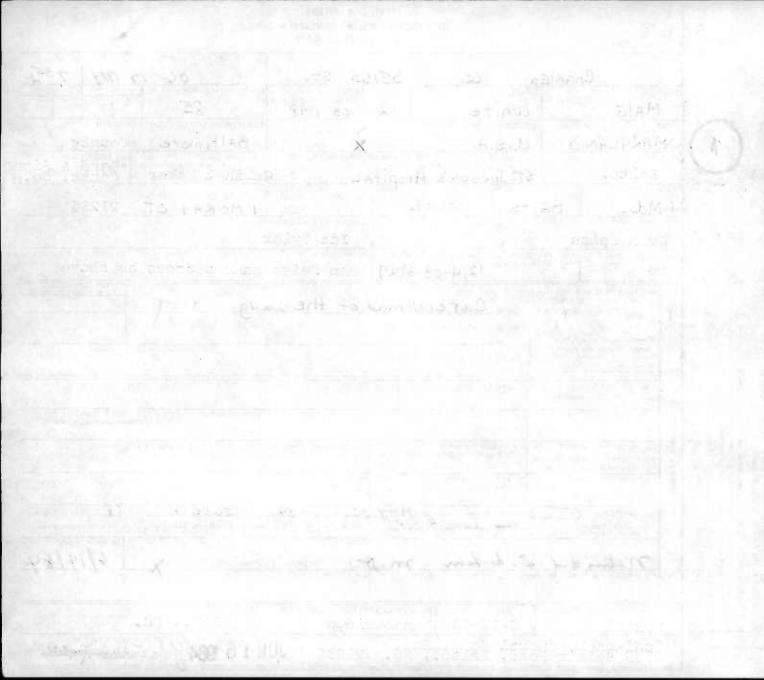
may be

death. Page 4

executed within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.



	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF HE	OF MARYLA ALTH AND I	MENTAL HYG	GIENEB 4	RSA NO.	5	4 5	5
÷ 0		CEASED NAME OR PRINT)	FIRST TYRT	Æ	MIDDLE	SHE	RTZER		20 DATE OF D	erne	22	84 26 HC	30 AN
1	3. SE	x		4. RACE		5 DATE O		XEAR -	6 AGE (IN YEA	RS (F BIRTHOAY)	IF UNDER	DAYS HOURS	
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5	13m. S	AL RESIDENCE (# NURS STATE ARYLAND	13h COU		13c. CITY OR TOW	ADMISSION)	194. INSIDE C	NO DE	STREET AC	OLB AVI	DE BA	LTO.F	206
20	14. F/	David		*#800 Bi:	llingsle	у	IS MOTHER:	Matti		MJDDEE	Stree	t	JA
/		WAS DECEASED EVER		MED FORCES?	216-24		II INFORMA		in Kre	pp Ba	D2 Ko	lb Av	70. 21.206
ta burial, cremotian, ar njury, or other traumatic	NO	Conditions, if any, gove rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN	nediote g the lost.	iei_	OR AS A CONSEQUE		leze	O TO THE TERM	Dis AINAL DISEASE	DR CONDITION (	GIVEN IN PA	ART 110	
ows ony	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONE	OITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOP			FINDINGS US AUGES OF DE NO	ATH?
ith the State Dept. of Health and Mental Hygies (PORTANT; If Hem 21 is marked at Item 18 show	MEDICAL CER	710. ACCIDENT WAS UND OR CONTRIBUTING CO (16 ETHER, NOTIFY MEDIC 71d. INJURY OCCURR WHILE WHILE AT WORK AT WOT THE CENTRY THE SCW THE DESCRIPTION THE SIGNATURE  77d. PHYSICIAN'S NA Frank I	ALEXAMINE RED  AME (TYPE	ATH HOUR A R)  71e. PLACE [AT HOME, S]  OR PRINT)	P.M. OF INJURY REE1, FACTOR OFFICE, F the deceased from yelter death.	ARM ETC I	711 LOCATK SIRES  That in (my) EGREE	19  our  opinion ATTENDING PHYSICIAN	death occurred	on the date and I PHYSICIAN  Rd. Ba.	Nour and fre	the Hay	State   State
2 > 5		BURIAL CREMATION						CREMATORY		1001		<del></del>	

23e BURIAL, CREMATION, REMOVAL

23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

23d LOCATION Burial 6-26-84 Moreland Mrm. Pk.Cem. 24 FUNERAL DIRECTOR ADDRESS 7401 Belair Inc. Balto. Md. 21 Lassahn Funeral HOME.

234. NAME OF CEMETERY OR CREMATORY

miles Herre many STATE OF SHOP HOLD LYG. CTURE TO LOUISING A GOLDSHILL OF Control of the control of Withouse work looks the work with all and the throward has mitted and the REP TOPLES

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The

and campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar removal.

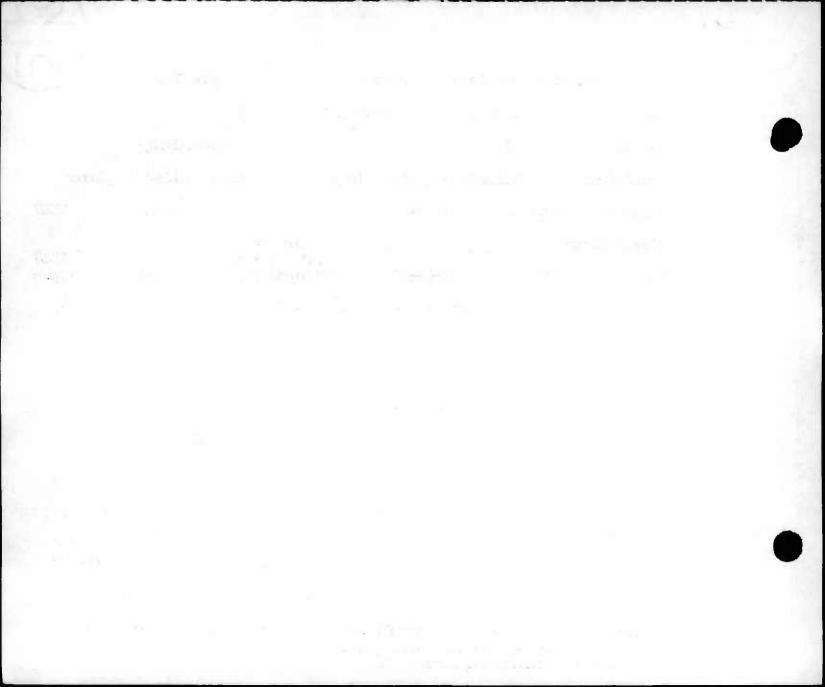
injury, ar ather traumatic event, the

IMPORTANT: If hem 21 is marked ar Item 18 shaws any

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR					REG. NO.					
DECEASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DI		YEAR Zb. HOUR				
Mr. R	ichard Dea	l Sherwoo	d		une 25 1984	M				
1 SEX	4 RACE	5. DATE O		6 AGE IN YEAR	S LAST BIRTHDAY) IF UNI	DER I YEAR IF UNDER 24 HRS				
Male	Caucasian	Jan	uary 5 1922	62	YRS					
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY2 8	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY OF	DEATH				
Maryland	USA	WIDOWE		Baltin	ore County	MD.				
18. CITY OR TOWN OF DEATH		ITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OC		NO. KIND OF BUSINESS OR				
Randallstown		County General	l Hospital		Disabled	plumber				
USUAL RESIDENCE (IF NURSING HOME) 13a STATE 13b CC	DUNTY 13c. C	ITY OR TOWN	13d. INSIDE CITY LIMITS	13e STREET AD	DRESS / ZIP CODE					
	ltinore	Woodlawn	YES NO X		ogwood Rd.	21207				
14 FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	A	MIDDLE	&AST				
Richard Sherwood				l. Sherwood		Certification I.				
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b S	SOCIAL SECURITY NO.	17 INFMYSANTJune	Sherwood	ADDRESS	21207				
yes W		212 <del>-</del> 18 <del>-9</del> 293	6909 Dogwo	ood Rd.	Baltimore	Maryland				
18. CAUSE OF DEATH (Enter	only one cause per line fo	or (a), (b), and (c).)	0 - 1	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAU	JSED BY:	Myocardia	l Indavi	tion		Auts				
	DUE TO OR AS A	A CONSEQUENCE OF								
Conditions, if any, which										
gove rise to immediate cause (a), stating the										
underlying cause last.										
PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	R CONDITION GIVEN IN	V PART IIa				
NO N	Diabeta	, Mellito	.5							
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPS	206. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?				
H H				YES N	YES _					
210. ACCIDENT WAS UNDERLYING		URY MONTH DAY YEAR	21c HOW INJURY OCC	URRED (ENTERNATUR	E OF INJURY IN ITEM 18 PART 1	OR PART 2)				
OR CONTRIBUTING CAUSE OF	DEATH	19								
(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF IN	JURY	211 LOCATION		TITY OR TOWN	COUNTY STATE				
WHILE NOT WHILE I	AT HOME_STREET_FA	CTORY OFFICE FARM ETC )	SINCE							
22a I certify that (I) (this ha	spital) attended the dec	eased fram OCH	ber 19 6	9 . to Jun	e 25 19	that # (we) last				
saw the deceased alive	an JUNE 2	5 19 84 an	nd that in (अपूर्) (aur) apini	on death accurred o	on the date and have and	fram the couses stated				
226. SIGNATURE			DEGREE			22c DATE SIGNED				
Demen	Bulle	lus.	ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	6/26/84				
224 PHYSICIAN'S NAME (TY	PE OR PRINT)	0000	22e. ADDRESS	· · · · · · · · · · · · · · · · · · ·	4.4					
Herman	BRECHER	, M. D.	6410 Win	dsor Mil	1 Kel 2	1207				
23a BURIAL, CREMATION, REMOV	'AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATH		UNITY STATE				
Cremation	6-2784	Carroll	Cremation S	Ser Hamps	tead Carrol					
24. FUNERAL DIRECTOR LOT	ing Byers Fune	ral Directors,	Inc. 250. [	DATE REC'D. BY REG	ISTRAR SE REGISTRAR	S SIGNATURE				
8728 Liberty Road				N 2 6 100	A Transparen	Market 1				

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

	STATE REGISTRAR			DEPARTA		CATE OF	DEATH	IENE 🔾	REG. N	IO.			9.1	
	EASED NAME	FIRST		MIDDLE	L/	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
(TYPE	DR PRINT)	Eva	Co	ok	Shi	iflet				6	20	84		М
3. SEX			4. RACE		5. DATE O			& AGE IN YE	ARS LAST BIF	RTHDAY)	# UN	DER TYEAR	IF UNDER 2	HRS.
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	THPLACE (STATE OR DUNTRY)	FOREIGN		WHAT COUNTRY?	8. MARRIED	□ NEVE	R MARRIED	9 BALTIMO		-				
	st Virgi		U.S.A		WIDOWE		DIVORCED [	Balti						MD.
100	ddle Riv		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, OLLY HU	ADDRESS)		ISTITUTION	120 USUAL C (TYPE OF WORK House	FOR MOST	OF WORKING		IL KIND O	F BUSINES	SOR
	L RESIDENCE (IF NORS					Jaa		THOUSE	AATT					
13e. S		136. COUN	TY	Middle	N I		CITY LIMITS?	13e STREET A	DDRESS Holl	ZIP CC Y Hu	int	Road	d 2:	1220
	THER'S NAME FIRST	,	AIDDLE	EAST			R'S MAIDEN NA	WE	MIDDLE			LAS		
	nry			Cook,			pal		1000	Foo	_	Fer	rell	
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDR	ESS				
No		1, 1, 1, 1, 1		236-48-	2438	Bren	da Sch	onowsk	ci	Sa	ame		MATE INTERV	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)										/	54		
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
CERTIFICATION	1% DATE OF OPERA	P	196 COND	ITION FOR WHICH	OPERATION	N WAS PER	FORMED	200 AUTO	NO Z				OF DEATH	1?
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	21c. HOW	INJURY OCCURE	RED (ENTERNAT	TURE OF INJU	JRY IN ITEM	IS PART I	OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOC ATION STREET  CITY OR TOWN										COUNTY	STA	ATE	
	22e 1 certify that (1) this hospital attended to do cover from											.,		
	27% SIGNLOTORE	/	111	hun	-11	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STA	AFF CIAN []		66	201	60
	22 PHYSICYNY'S N					22e ADDR						/	10	
				c, M.D.			0 Fran			re I	Dri	ле		
	URIAL, CREMATION,	, REMOVAL	236. DATE	23c f	NAME OF C	EMETERY O	RCREMATORY	23d. LOCA	OR TOWN		co	UNITY	51/	ATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance.

Burrial 6/23/1984 Meado
14 FUNERAL DIRECTOR Duda-Ruck, Inc.
17922 Wise Avenue Dundalk, MD. (VRA 15, 4)

Meadowridge

21222

Dorsey

Howard

Maryland

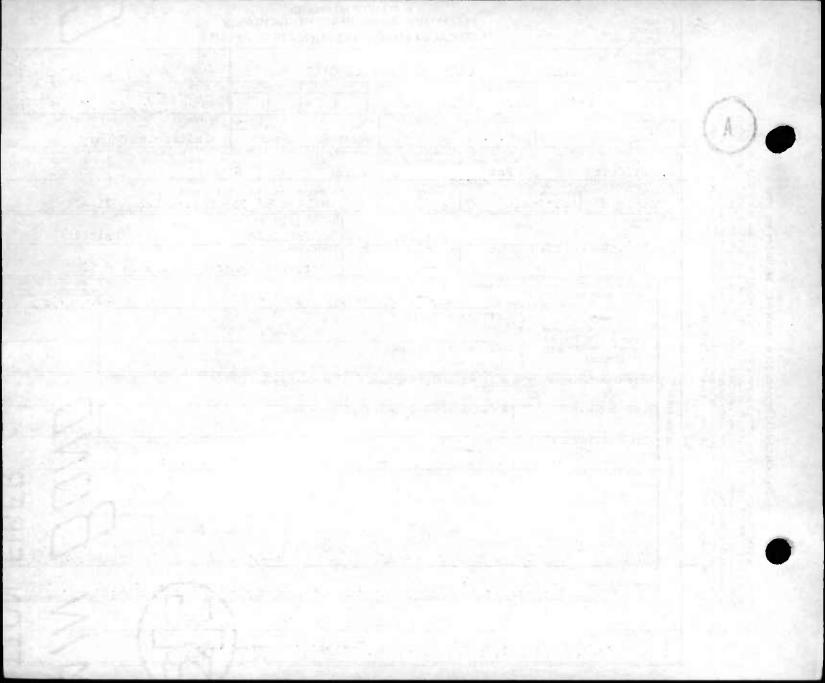
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

lia Navidson Randose

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2012/12			

	3	1-	FOR STATE REGISTRAR			EPARTMENT O	FHEALTH	ARYLAND AND MENTAL H ERTIFICATE O		REG. NO.	5 4 5	8
N.		1. DEC	EASED NAME	FIRST		WIDDLE	-	LAST		KNOWN AND	NTH DAY YE	AR 2b HOUR
	38 58 58 F.	(TYPI	OR PRINT)	WILLIA	M C	LAYTON	SHU	JGARS	OF DEATH	MATED I	me 1019 S	46PM
	PLEASE CTOR. FILES. HOURS TREET,	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNI	DER 1 YR. IF UNDER	24 HRS. IL DATE		THE DAY Y	AR 2d HOLL
	286	Ma	le	White	June 8,1		YRS. MONTH	S DAYS HOURS	DEAL		e 10198	7 6PN
	(Basales)	on FO	RTHPLACE (ST		76. CITIZEN OF WH	AT COUNTRY?	8 MARRIE	D NEVER MARRI	ED X PALTIA	ORE CITY OR CO	UNTY OF DEATH	1
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1201	ESTH. IF ANY DELA PM 3: RETAIN PA ND 2 SHOULD BE ND 2 SHOULD BE F. VITAL RECORDS, C	13a S	aryland	13b. COUN	TY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO ST	13e. STREET ADDR	low Road	21043	
D. 2	3. R		THER'S NAME	Dakti	more	Oella		15. MOTHER'S MAIDE		IOW KOAU	21045	
E, N	SES 1,		Joh:	n	WIDGLE	Shugars		Patric		AIDDLE	Malcolm	
MOR	205/201	16a. V		EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRESS		
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6	WIR. O	7	18. CAUSE O	F DEATH (Enter and	ly ane cause per line	for (gl. (b), and (c).)					APPROXI	MAJÉ INTERVAL
SNO	MAL.		PARTIDE		E CAUSE (a)	180	2007	11119			- Je00	Jen
PRESTON	ZZAEVO		Condition	is, if ony, which	DUE TO, OR	AS A CONSEQUENC	EOF	/				
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201 V			lying cau		DUE TO, UK	AS A CONSEQUENC	E OF					
	D BE EXECUTE! ENDING: IN I WEDICAL EXA AS A BURIAL ALTH AND M CREMATION,		PART 2 OTNER SIG	GNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITION GIVEN IN PAR	Tlo			
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	MCAL EXAMIN E THE CERTIFIC SHOULD BE F SHOULD BE F ERAL DIRECTO FATH,		ACTUAL SIGNATURE :	2/100	Pert C	Consi	elle	WIRAT-		AINER SI	ATE 6/10	1/84
	SEAT SHANNING	1						1111				
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WARE ATHE		(TYPE OR PRIN		rles F. O	Donnell	M.D.	ADDRESS 7501	York Roa	d,Baltim	ore, Md.	21204
	PATPAT	23a.BI	JRIAL, CREMAT	TION, REMOVAL 2		23c. NAME OF C			23d LOCATION CITY OR TOWN		COUNTY	STATE
	BP	_	Burial		6/14/84	Good S1	hepher	d Cemetery	Ellico	tt City	NE CICALATURE	Md.
	DHMH - 17	1	INERAL DIREC	& Russe	11 C. Wit	ke Funera	Home	528.4. WATER	EC'D. BY-REGISTR	AR ZOB HELDISTRAL	K B SIGNATURE	
	(VR A15 ME (5)) 20M 4/82	T	OJO EUM	omuson A	venue, cate	mo ATTTE	11U • ZI	220	1255	10		



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 testained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral presents should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 7 maying a	with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar remaval. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical examiner must be natified at Intermentations.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The I etained by the haspital ar attending physician.	deta	with the State Dept. of Heolth and Mental Hygiene prior ta buriol, crematian, ar remavol. IMPORTANT; If them 21 is morked or Item 18 shaws any injury, ar other traumatic event, t <u>he</u> r
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STATE OF MARYLAND	2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	U
CERTIFICATE OF DEATH	

1-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH		G. NO.		20. 5
	CE ASED NAME	FIRST	-	WIDDIE	l.	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
(TYPE	STATE REGISTRAR  EASED NAME DR PRINT)  WI  Male ETHPLACE   STATE OR FO DUNTRY)   and IY OR TOWN OF DEAT TATE  L RESIDENCE (IF NURSIN TATE John  VAS DECEASED EVER IF ES NO OR UNKNOWN)  L Conditions, if ony, gove rise to imm couse (o), stolling underlying couse  PART 2 OTHER SIGN  110. ACCIDENT WAS UNDE OR CONTRIBUTING   Co. (IF ETHER, NOTBY MEDIC.) 210. IN JURY OCCURRI	Willia	m	J	Siegma	n		June 19	, 1984		м
3. SE	х		4 RACE		5. DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male		Whit	e	Fe	b. 2	1891	93	YRS	MOINTING DAYS	MIN.
		OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8.	D NEVER	MARRIED [	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	laryland		U.S.	A	WIDOWE		OVORCED [	Baltim	ore Cou	nty	MD.
	ry or town of the Parkville			HOSPITAL, NURSII CHFACHITY GIVE STREE DUBOIS AV		OR OTHER IN	NOITUTITE	Office W	OST OF WORKING I	FE) INDUSTRY	er Co.
13a. S	AL RESIDENCE (# N STATE Maryland	136_COU		136. CITY OR TOY	VN	YES 🗌	CITY LIMITS?	13e STREET ADDR	ess / zip cod	e. 2123	4
14. FA	John	W	illiam	Siegn	an		e's maiden na Unknown		DLE	LAS	ī
			MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORM	ANT	A	DDRESS		
(	YES, NO OR UNKNOWN)	CR. AEMM	YE WAR OR DATES!	213-10-0	611	Viol	a F. Du	rgin 3009	Dubois	Ave. 2	1234
	18 CAUSE OF DE PART I. DEATH	I WAS CAUSE	nly one couse pe :D BY: TE CAUSE (o)	r line for 101, (b), or		mon	atu	Arres	+	BETWEEN	MATE INTERVAL DNSET AND DEATH
	gove rise to	iny, which	DUE TO, C		est	ive	heart	+ failu	re	10	Les
			DUE TO, C	OR AS A CONSEOL	) MC	M (	arter	ry dix	easi	10	yrs.
NO	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITION GI	VEN IN PART I	0
CERTIFICATION	198 DATE OF OPE	RATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES []	
	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	DE INJURY I.M. MONTH D	AY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2}	
MEDICAL		URRED		OF INJURY IRFET, FACTORY OFFICE,	FARM ETC )	211. LOCAT	ION	CITY	OR TOWN	COUNTY	STATE
	22a I certify that	(I) (this hosp	_ Our	ue 19 19		nd that in (m	y) (our) opinion	death accurred on t	he date and ha	ond from the	
Y	Lo	rofl	(Ru	now	MD	DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF YSICIAN (	6.2	D.84
	224 PHYSICIAN'S	nmed A	I Ibra	orothy 1	4 Snoo	Loc1	n Raven	Veterans	Hosptia	al Balto	. Md
23a. 8	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION	l .	COUNTY	37.475

DHMH - 16 50M 4/83

(VRA 15, 4)

Burial

June 22,1984

Parkwood

Baltimore

Maryland

5

24 FUNERAL DIRECTOR
HAME
Leonard J. Ruck, Inc, Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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### STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENE

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١	1 -	STATE REGISTRAR			DEPART		ICATE OF	DEATH	REG.	NO.			
1		EASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. H	OUR
ı	(TYPE	OR PRINT)	Myrt	-le	Trene	5	ILL			6	9 84	4.	20 PM
ł	3. SEX			4 RACE		S. DATE C		1111	6. AGE (IN YEARS LAST	SIRTHDAY	MONTHS DA		DER 24 HRS
ı		Femal		Whi	te	MONTH	J'A	1894	8	9 YRS			MIN.
		OUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMORE CITY		TY OF DEATH		
>	Ma	aryland		U.S	5.A.	WIDOWE		ONORCED [	Baltim				MD.
e.	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a USUAL OCCUPA			OF BUS	INESS OR
3		TOW SO	- 1	St. 3	Joseph Hospital			Homemak			n Ho	me	
4	13a. S		13b COU		GIVE RESIDENCE BEFORE		1 13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	ZIP CO	DE . 212	234	,
		md.	1 8	alto.	Parkvi	lle	YES X	NO X	8614 0	DAKL	eigh	K	4
	14. FA	THER'S NAME					15. MOTHER	S MAIDEN NA			7		
-		Willia	m.	MIDDLE	Trabar	nd	V	rginia	Jane		Blak	cley	
		AS DECEASED EN		RMED FORCES?	166 SOCIAL SECL	RITY NO.	17. INFORM	AANT	Jarrett	\$\vil	le. Mo	1. 2	1084
1	- (1	No	(# 165, 01	VE WAR OR DATES	578-24-	-0754	D Del	lla Min	k, 3818	Fede:	ral Hi	ill	Rd.
		IA CAUSE OF DE	ATH (Enter o	nly one couse per	line for (a), (b), on							ROXIMATE IN	NTERVAL AND DEATH
1		PART I. DEAT	H WAS CAUS	ED BY: TE CAUSE (0)	Phei		nia						
		4012	7)		R AS A CONSEOU	ENICE OF				25.53			75.55
9	7	Conditions, if	ony which	10,0	K AS A CONSECU	EINCE OF							
		gove rise to	immediate	) 101							N. 100		
			use lost	DUE TO, O	R AS A CONSEQU	ENCE OF							
		PART 2 OTHER S	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEASE OR CO	NDITION C	SIVEN IN PART	lio	
	Z	CAN	arch	ve A	eat	Taile	110						
d	ATI	190 DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		ES, WERE FIN		
	CERTIFICATION								YES I NON		TIFYING CAUS		EATH?
	CER	21a. ACCIDENT WAS	UNDERLYING				21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM T	8 PART TORPART	2)	
		OR CONTRIBUTING		AIR	M. MONTH D.	AY YEAR							
	MEDICAL	(IF EITHER, NOTIFY /		21e PLACE	M. OF INJURY	17	211 LOCAT	ION					
	ME	WHILE NO	T WHILE		REET, FACTORY, OFFICE, I	ARM ETC )	STRE	13	CITY OR	IOWN	COUNTY		STATE
			WORK			<	1/3/	34	6/9/8	4	10	45	(we) lost
		22a. I certify the	tased olive or	116	e deceosed from_	24	no that in m	) our) opinion	deoth occurred on the	date and h	our and from		
	9	obove, (I) (w	e) (did) (did n	ot) view the body	ofter death.			y (our) opinion (	deom occurred on me	dore ond n	our ond from	me cooses	sioled
		221 SIGNATURE	11/	10 /	VAMA	, VI	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	AFF	6	158	4
	60	224 PHYSICIANS	NAME TYPE	OR PRINT)	1 1		TTe ADDR				12 1	411	
	-	Dan	18	1.6	) inen		1889	2 Be	laired	Bul	100ms	1515	36
Ĩ	23a. B	URIAL, CREMATIC	ON, REMOVAL	L 23b. DATE	23ε.	NAME OF C	EMETERY OF	RCREMATORY	23d LOCATION	g. D.	COUNTY		STATE
		Burial		June1:	3,1984	Balti	more	Nation	nal Balti	more			Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co chauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the haspital or attending physician.

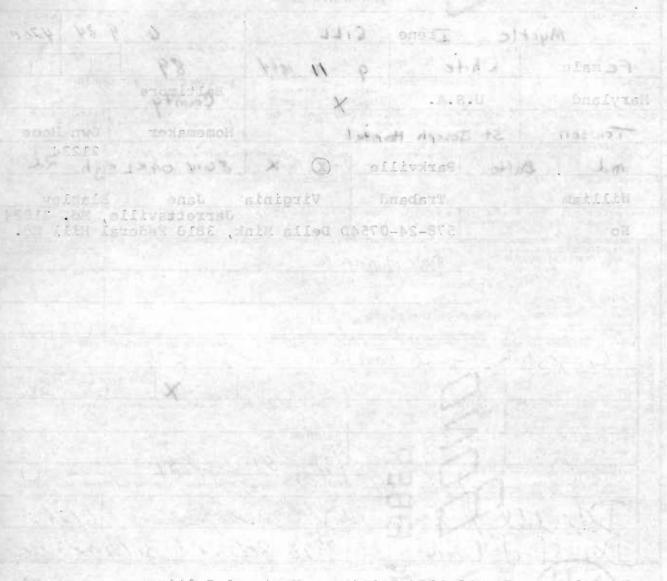
IMPORTANT: If hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical should be detoched for use os the buriol-transit permit. Then please remove corbandape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

completely filled in by the files I and 2 should be filed with

ROBERTEC ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

JUN 13 1984 Julia Davidon-Randale

ALLEGE WILD STEELING A TRICE PRINCE TO THE WAY OF ALERIN TO THE TRICE IN



 injury, or other troumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove comits the State Dept of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 shows

FOR - STATE

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STATE OF MARYLAND

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME .	FEJero	me	MIDDLE F.		Siney	20 DATE OF D	DEATH MO	INTH DAY	YEAR	2b. HOUR
	THER'S NAME THOMAS  TAS DECASED EVER IN U.S. ARMED FOR END OR UNKNOWN)  18. CAUSE OF DEATH IENTER ON POR WAR OR DEATH  18. CAUSE OF DEATH IENTER ONLY ON EACH OF DEATH IENTER ONLY ON THE PROPERTY OF THE PROP			. Jei	rome	F		(	6 1	841	1226PM
3 SE	X	14	RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDA		DER I YEAR	IF UNDER 24 HRS
1	Male		Wh	ite	Oct		75		YRS.	IS DAYS	HOURS MIN.
		OREIGN 7b	CITIZEN OF		VTRY? 8		9 BALTIMOR	E CITY OR C	OUNTY OF D	DEATH	
	faryland	1000	U.S.	A.	WIDOW	_	Pa 1	to 1	Cou.	7/4	MD.
		TH 11	. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL O		12	L KIND OF	F BUSINESS OR
7	DW501		(IF NOT IN SUC		EPH'S	HOSPITA	TYPE OF WORK	tired	ORKING LIFE)	B.G.&	E.
USU	AL RESIDENCE (IF NURS	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION		1				
130.	46	136. COONTY		Balt	imore	134 INSIDE CITY LIMITS?	3511 1	lentuc!	ky Ave	. 212	13
AL F	ATHER'S NAME					15 MOTHER'S MAIDEN N	IAME				
1		Pa	trick	Sì	ney	Elizabet	h	MIDDLE		Trenk	amp
				166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS			LI COL
(	NO .	(IF YES, GIVE V	VAR OR DATES)	212-0	5-2912	Helen R. Si	ney 3511	Kent	ucky A	ve. 2	1213
	18 CAUSE OF DEATH	H (Enter only	one couse per	line for (o). (	b) and (c).)					APPROXIA	MATE INTERVAL DINSET AND DEATH
	PART I. DE ATH W	AS CAUSED	BY:		-	11. 1	9			6	44 -
	1629	IMMEDIATE				1					200
	Conditions, if ony,	which	(	R AS A CON	SEQUENCE OF				12.5		
	gove rise to imm	nediote	(p)—	3 ( )							
	couse (o), stating underlying couse	g the lost.	DUE TO, O	R AS A CON	SEQUENCE OF				3		
	DARI 2 OTHER SICK	HEICANIT CO	(c)	SNITDIRLITING	C TO DEATH BUT	NOT RELATED TO THE TER	AAINIAI DICEACE	OR CONDIT	IONI CIVENI IN	I DADI To	
N	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	DIVIKIBUTIA	O TO DEATH BUT	NOT KELATED TO THE TER	WINAL DISEASE	OK CONDIII	ION GIVEN IN	YPAKI IIO	Set Section 1
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOF	SY? 21	Ob. IF YES, WE	RE FINDIN	GS USED
IFIC							YES 🗆	NOU IN	N CERTIFYING YES	CAUSES	OF DEATH?
ERT	71a. ACCIDENT WAS UND	ERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCU				OR PART 2)	МОП
	OR CONTRIBUTING			M. MONTI							
WEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e. PLACE	M.	19	211 LOCATION				_	
ME	WHILE NOT WH	ILE 🗆			OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	(	OUNTY	STATE
	AT WORK AT WOR				from	20 10 61	L . 4	1	44-4-10-4	200	1
1	220. L certify that (1) saw the decease		offended in	e deceased :	50/0	nd that in (my) (our) apinio	on death occurred	on the date	and hour and	/	hot (I) (we) lost
	obove, (I) (we) (c 22b. SIGNATURE	lid) (did not)	view the body	ofter deoth.		DEGREE	σοσ σοσ σο	on me date		22c DATE S	
7.	120. SIGNATURE	-4	Se	1		ATTENDING	_ MEDICAL _	STAFF	35.75	IN DATE S	Tilty
	224. PHYSICIAN'S NA	AAE TYPE ORD	2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PHYSICIAN 1	DIRECTOR [	PHYSICIAN	и 📗 📗		,,,,
	AM	A THE ORP	0			C +	Turnel	1/	1	_	
	11/140.	1		rick	47	1 41.71	wepl	naip	/	ر س ل	MDU
_	BURIAL, CREMATION,		236. DATE			CEMETERY OR CREMATORY	23d LOCAT	RIOWN	cou	YIMI	STATE
I	Burial		June 4	1984	Garden	s of Faith	Bal	timore		Me	beelver

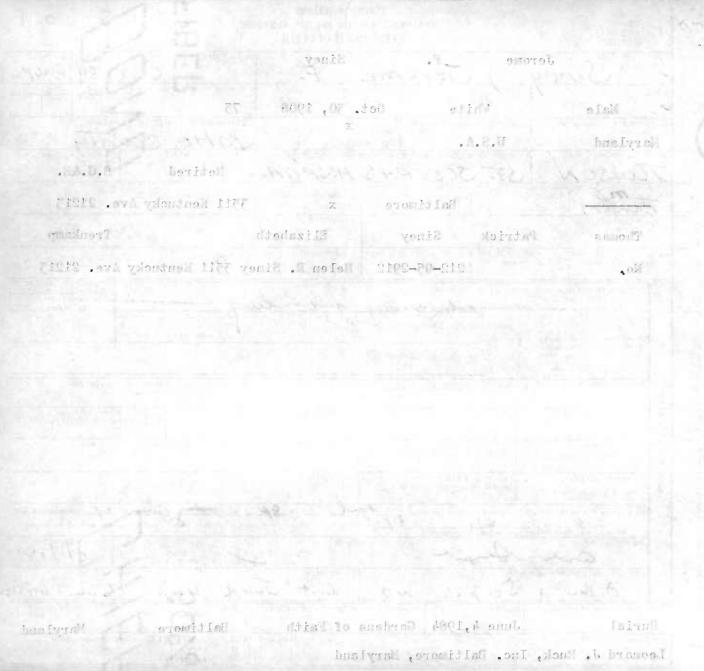
Gardens of Faith

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

Baltimore Baltimore Maryland
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

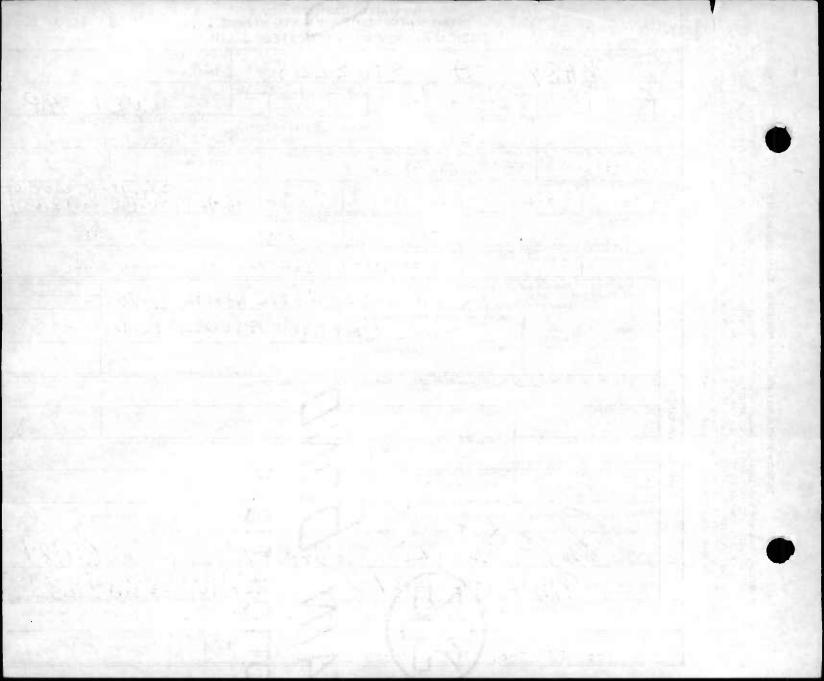
JUN 4



Wm C March F/H Inc. 1101 E North Avenue

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 6

R	REGISTRAR				CEICOII	TEATE OF DEA		REG	. NO.		
	ASED NAME	FIRST	1	MIDDLE		AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
(TYPE OR	A	NNIN	A	W	SLA	tter	9	6/16/8	4		103 AM
3. SEX		4.	RACE		5. DATE C		VEAR	AGE IN YEARS LAS		UNDER LYEAR	HOURS MIN.
	F		CAU		7	19	13	70	YRS.		Alpe.
	HPLACE (STATE OF	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARE	DIED	BALTIMORE CIT	OR COUNTY	F DEATH	
COL	md ma		u	SA	WIDOWE			181	ALtimon	e co6	NTG MD.
(6, CITY	OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUP	ATION	126. KIND C	OF BUSINESS OR
To	SON			Joseph's		ital		Homemal	er		
USUAL 13a. STA	RESIDENCE (IF NURS	ING HOME OF OT		GIVE RESIDENCE BEFORE		1134 INSIDE CITY L	IMITS?	3e.STREET ADDRES	SS / 7IP CODE		
	MD	Bal		Cockeysv			*	10000 Hi	llgreen	Cir.,	21030
4 FATH	HER'S NAME EIRST	AL F	ODIE	LAST	17.35	15. MOTHER'S MA		E MIDDI		LAS	ST.
	Alexis		E.	Wells		Annir		Missi	Os	borne	
	S DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17. INFORMANT		AD	DRESS 236	Dawso	n Dr.
(YES	NO OR UNKNOWN)	( IF YES, GIVE W	VAR OR DATES)	216-20-	7814	Mrs. Æ	atric	ia A. Lir	ndsay Co	ckeysv	ille,MD.
11	CAUSE OF DEAT	H (Enter anly	one cause per	ling servar phi an	4.50	1 1	7			APPROX BETWEEN	OMATE INTERVAL
	PART I. DE ATH W	AS CAUSED I	BY.	Resper	atam	hisall	cues	L CG			
		IMMEDIATE		111	- 1	O AT		1	,		
	c be if		DUE TO, O	R AS	ENCE OF	e Lallie	man	alileda	2-1-	357	
	Conditions, if any, gave rise to im-		(b)	que	-	· John	-	con Title	243		
	cause (a), statir underlying cause	9	DUE TO, O	R AS A CONSEQU		f.	/				
			( col		ena						
	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR C	ONDITION GIVE	N IN PART TO	a
CERTIFICATION	DATE OF OPERA	ION	TISK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED
FIC	a DATE OF OFERM		17. CO.L.D	mor rok wine.	0.5			-		ING CAUSES	NO []
E	In. ACCIDENT WAS UN	DERLYING [	21b. TIME C	DE IN HURY		121c HOW IN IUR	YOCCURRE	D (ENTER NATURE OF		et I OR PART 2)	NO []
	OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR			(Enternance)			
Š.	(IF EITHER NOTIFY MEDI		P. 21e PLACE	M.	19	211 LOCATION					
뿌	WHAT TO NOT WE			REED EACTORY, OFFICE,	FARM, ETC )	STREET		CITYO	RIOWN	COUNTY	STATE
A	I MON PLAN TO THE	N.		_	51	1	E>11	1-	111.	04	
5	7s.1 certify that X	this hospital	attended th	10	84	14	9 84	, to	19 1		that X (we) last
	above, (Kee) is	10000		1919	2	nd that in ( ) (aur	) opinian de	eath occurred on th	e date and havr	and fram the	causes stated
2	26 SIGNATURE	1	2	TL - 1	41/	DEGREE	NDING	MEDICAL S	TAFF	276 DATE	SIGNED
9	06	Janu		11	1.	PHYS	SICIAN	DIRECTOR PHY	SICIAN	10/10	0107
2	24 PHYSICIAN SW	AME (TYPE OR P	RINT)	1	MA	22e ADDRESS	1	01. 11	1.4	BIM	1
	X	WUEL	. C.H	· LEE.	WI.D.	200	Jase	pH Ha	spile,	each	ucort, his
	RIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	1 -	COUNTY	STATE
(SP	ECIFY)		6/20/	84	Morlar	nd			lle,Balt		MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. director, page 3 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transif permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hait the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

within 24 hours after death. Page 4 may be

24 FUNERAL DIRECTOR AL puck Towson Funeral Home Inc.

ADDRESS 1050 York Rd. Towson, MD.

DATE REC'D BY REGISTRAR STONATURE AND THE REC'D BY REGISTRAR'S SIGNATURE AND THE REC'D BY REC'D BY

S of The state of OBVIOUS LATER OF AND LAND THE STREET A STATE OF THE STA West was her soften en The state of the s in C. Mariner X MARCHANIA -x 6/16/84 SAMLEL CH LEE, MIN ST. JEAPH HELPITA, BUE THE .onErgnoll As helded mosus

executed within 24 hours ofter

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

1	-	REGISTRAR				CERTIF	ICATE OF L	EATH	. 6	EG. NO.			
4			FIRST		MIDDLE	i	AST		20. DATE OF DE		DAY YEAR	2b. HOU	R
1	(TYPE	OR PRINT)	Dorot	hy	J.	SLATT	ERY		June	19,198	4	12:2	25P <sub>M</sub>
1	3. SE X	DOPOTHY  DOPOTHY  DOPOTHY  DOPOTHY  J. SL  EX  Female  White  White  NO  SIRTHPLACE (STATE OR FOREIGN COUNTRY)  MD  THY OR TOWN OF DEATH  PASSIVILLE  BALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS AND FIRST  MD  BALTIMORE  STATE  BALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS AND FIRST  MD  BALTIMORE  FIRST  MIDDLE  LAST  GEORGE  E. DUCLOS  WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one couse per line)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  Conditions, if any, which gave rise to immediate cause (ol.) stoting the underlying cause last  CONDITION FOR WHICH OPE  19a DATE OF OPERATION  19a DATE OF OPERATION  THE CHEER NOTHY MEDICAL EXAMINER)  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPE  WHILE  NO WHILE  N				5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS		
1		Fema	le	Wh	ite	Mar	. 25,	1910	,	4 YRS		HOURS	MIN.
1			r foreign			TRY? 8	D NEVER /	AARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH				
-		MD				WIDOWE	D X DI	ORCED	Baltimore County MI				
				(IF NOT IN SUC	CH FACILITY, GIVE S	STREET ADDRESS)		ITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
4							spitai		Home	maker	LOwr	n Hor	<u>ne</u>
5		TATE	136 COUN	ITY	13c CITY OR	TOWN	13d. INSIDE C	ITY LIMITS?	130.STREET ADD 4124	RESS / ZIP COI Marks		21206	3
٦	14. FA						15 MOTHER'S	MAIDEN NAM		DDLE			
		_					Jar		M		Sterlin	d	
٦					166 SOCIAL	SECURITY NO.	17 INFORMA	NT	· · · · · · · · · · · · · · · · · · ·	ADDRESS			
1	(1		(11 11.3, 011	: WAR OR DATES)	218 4	2 0181	Raym	nond P	. Slatte	ry, B	alto.,		
		18. CAUSE OF DEA	TH (Enter on WAS CAUSE)	ly ane cause per D BY:	line play	07111	Cal	ARR.	557		BETWEEN	XIMATE INTER	VAL DEATH
1		IMMEDIATE CAUSE (a)											
1				DUE TO, O	R SAPONE	POPENE A	- /	ARR.	YTHA	111	_		
1		gave rise to in	nmediate	(p)	7 " "					, , , ,			
1				DUE TO, O	rseve	CIUE PER E		OP	0				
1	_	PART 2 CHERSIC	NIFICANT	ONDITIONS CO	ONTRIBUTION	TO DEATH OUT	OFRELATED	TO THE TERM	NAL DISEASE OF	CONDITION G	IVEN IN PART	in	
4	TIO	Sel	ER	_	COK	UNTR	7	4KY	ercy	H	SEMS	ح	
2	CERTIFICATION	19a DATE OF OPER	ATION	19E COND	ITION FOR WI	HICH OPERATIO	WAS PERFO	RMED	78s AUTOPS		ES, WERE FIND LIFYING CAUSE	S OF DEAT	H?
_	ETI		unconverse F	1 100 7005 6	SE INTINION		Tax Howen	111011 0 0 0 0 1100		GEA*	YES []	NO [	
7						DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART ?)		
1	MEDICAL					~ 19	211 LOCATIO	N					
1	MEC					NES FARM ESC )	STREET	714	CI	TY OR TOWN	COUNTY	51	37AI
١				ratio description of the	in developed to	cetion	1/12	10 7	to	1./19	1084	1100	ve) last
		sow the deced	and alive	///	6/18	6.1	nd that in my	(aur) apinion o	leath accurred or	the date and ha	au and from th		.,
1			paid) journe	The second	diger death.		DEGREE		4		THE DAT	SIGNIO	7
		(	/ 1	cec	3	`		TTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [	6/	20/0	14
		22d. PHYSICIAN'S P	TAME (TYPE O	R PRINT)			22e ADDRES	S			7	0	
		Dr. Lui			1, M.E	Ο.	5317	Belai	r Road		, MD		
	13	URIAL, CREMATION				23c NAME OF C			23d LOCATIO		COUNTY	51	TATE
		moval-B		6/20,		Arlingt				ngton,		VA	
		INERAL DIRECTOR	Henr	y_W	Jenkin	s & Soi	ns Co.	25a DATE	REC'D. BY REGI	STRAR 25 REGI	STRAR'S SIGNA	TURE	
1	490	05 York	Road	Balto	., MD	21212	)	1116	121 100	1 Frelia	といいいい	Handel	2

Henry W. Jenkins & Sons Co. Road Balto., MD 21212

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fushould be detached for use as the burial-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical

JA 2011 1 15 THE THE STREET interfere that you are in mining cores a former in dyour 3. The state of the s and the shall of the state of t The same of the sa

	(E	DIRECT	Ā	22.15		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIONAL TO MEDICAL TO ME	execute the certificate, writing the word "Pending" in Pencil in ITEM 18. Give Pages 1, 2, and 3 to the funer fi direct	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH \$22 HID	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WINSHESS ME	7
	Y IS N	THE FU	AGE 5	FILED, V	201 W.	703
01	Y DELA	0310	AIN P	JLD BE	ORDS,	0
D. 212	IF AN	2, ANI	3. RET	SHOU	AL REC	5
DRE, M	DEATH	GES 1,	M PM	AND	OF VIT	2
ALTIMO	AFTER	IVE PA	H FOR	AGES 1	NOISI	
ST., B.	HOURS	M 18. G	IG WIT	SMIT. P.	NE, DIV	
ESTON	IIN 24	IN ITE/	ALON A	ISIT PER	HYGIE	MOVA
W. PR	D WITH	PENCIL	AMINER	-TRAN	ENTAL	OR RE
DS, 201	KECUTE	IG" IN	AL EX	BURIAL	ANDA	ATION
RECOR	D BE E	PENDIN	MEDIC	ASA	EALTH	CREM
VITAL	SHOUL	ORD "	CHIEF	SE USEC	TOFE	URIAL
NOF	FICATE	THE W	O THE	OULD E	RTMEN	OR TO E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	S CERTI	RITING	RDED T	HS E H	E DEPA	OI PRIC
	ER: THE	ATE, W	ORWAI	R: PAC	<b>IE STAT</b>	JD, 212
	CAMINI	RTIFIC	D BE F	IRECTO	VITH TH	ARYLAP
	CALEX	THE CE	SHOUL	RAL DI	ATH, V	RE, M
	) MEDI	<b>CECUTE</b>	AGE 4	J FUNE	FTER DE	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	7	9	a	I	V	മ

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		ME	DICAL EXAMIN	ER'S C	CERTIFIC	CATEO	F DEA	TH	REG. NO	). I	2	- 0	0 0
		CEASED NAME OR PRINT)	FIRST	Maurice	MIDDLE D.	SL	EVIN	Slev	in	OF	ESTI- MATED	6	18 DAY	YEAR 1984	0 430
	3. SEX	ıle	4. RACE White	S. DATE OF BIRTH	YEAR LAST BIRTHDA	MONT		IF UNDER	24 HRS.	2c. DATE PRONOUNC DEAD	CED	MONTH 6	18 18	1984	24 HOUR
5	7a BII	RTHPLACE (STREIGH COUNTRY)  INSYLV  OR TOWN	ania	76. CITIZEN OF WI	AT COUNTRY?	MARR WIDOW		DIVORC	ED 🗆	9. BALTIMO Balt	imore	Cou	nty		MD
0	Du	ndalk		(IF NOT IN SUCH FA	citity, Give Street Address)	Apt	.104	TION .	FOR /	MOST OF WORK	ING LIFE)		0	R INDUSTR	ce Co.
5	130. S1 Ma	ryland	13b. CO		PERSIDENCE BEFORE ADMISSION 131. CITY OR TOWN  Dundalk	)N)	13d. INSIDE (	NO 🔀	202	EET ADDRES		Road	12	22 pt.10	
2-	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDE	NAME	MIC	DDLE			LAST	
50		John		P.	Slevin			zabet	h				D	ymes	
,		5, NO, OR UNKNO	WN) (IF YES, (	ARMED FORCES? GIVE WAR OR DATES)  W II	166. SOCIAL SECURITY		Ver	a M.	Slev	in	ADDRESS	8400 Balt	Kay	vanag MD 2	h Rd. 1222
	N	Conditions, if any, which gave rise to immediate cause (o) stoting the under-lying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)													
2	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	ION FOR WHICH OPER	ATION W	AS PERFOR	MED?						AUTOPSY?	но 🕅
3	7	UNDERLYING CONTRIBUTION	NG CAUSE	OF DEATH P.M	MONTH DAY YEAR			OCCURRE	D (ENTER )	NATURE OF INJU	IRY IN ITEM 18 P	ART I OR P	ART 2)		
	MEDIC	21d INJURY C	NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION			CITY OR TOW	N	co	YINUC		STATE
		22a. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  ACTUAL SIGNATURE J. C. WHEDICAL EXAMINER SIGNED													
2		EXAMINER'S (TYPE OR PRIN		CROSSAN	O'DONOVI	W	ADDRESS	2112	Dum	dalk	Ave., E	Balk	,	Md.2	اعك
	23a.BU	JRIAL, CREMAT	ION, REMOVA	AL 23b. DATE	23¢ NAME OF CEA	AETERY O	RCREMATO	ORY		OCATION OR TOWN		COU	NTY	57/	ATE

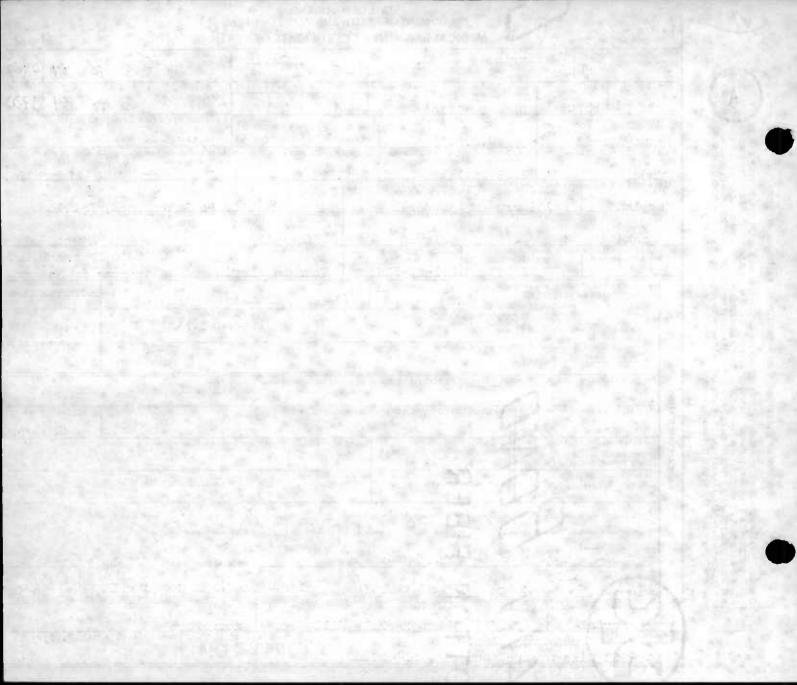
**DHMH - 17** 20M 4/B2

(VR A15 ME (5))

Burial
24 FUNERAL DIRECTOR D. Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD 21222

6/22/84 Monongahela Hill Cem. Greensboro
uck, Inc., 250 DATE REC'D. BY REGISTRAR 250
Dundalk MD 21222 JUN 20 1984



5.	FOR STATE REGISTRAR			STATE OF MA DEPARTMENT OF HEALTH A CERTIFICATE
7 7 f	1. DECEASED NAME (TYPE OR PRINT)	BETTY	MIDDLE XXX	SMELKIN.
0.0		1		

RYLAND AND MENTAL HYGIENE OF DEATH

8	eq	1	5	. 3	6	
REG	. NO					
E OF DEATH	HINOM	DAY	YEAR	2b H0	OUR	_

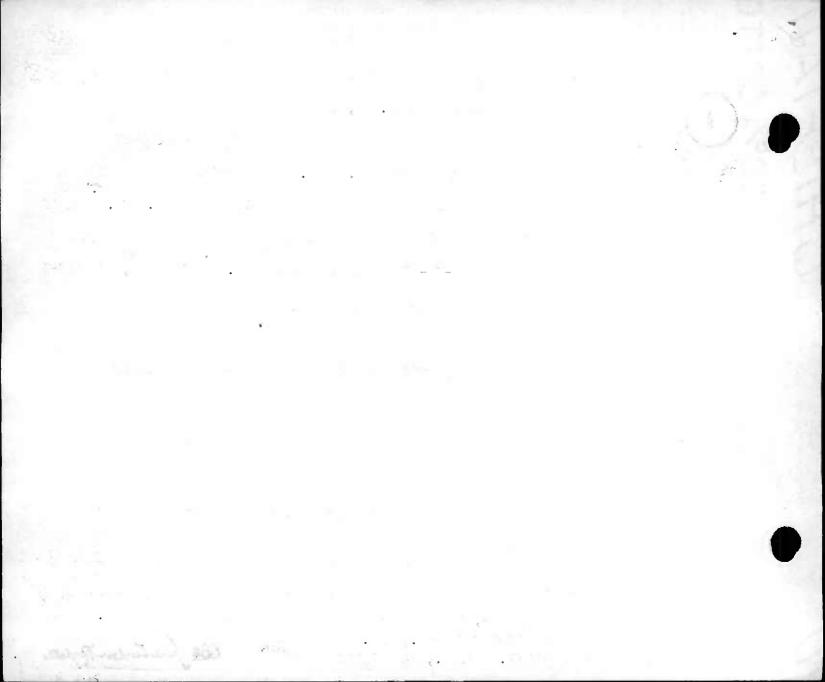
	KEGISTKAK				REG. NO	).		
	PECEASED NAME FIRST PE OR PRINT)  BETT	MIDDLE XX	SMET	LINSON	20 DATE OF DEATH	6 4	84	26 HOUR -56
3. S		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRT		INDER I YEAR	F UNDER 24 HRS.
3.5	FEMALE	WHRTE		28, 1900 YEAR	84		HAS DAYS	HOURS MIN.
79		76. CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
12	RUSSIA	USA	WIDOWE		BALTIMOR	E COUNT	ſΥ	MD.
1	CITY OR TOWN OF DEATH RANDALLSTOWN	11. NAME OF HOSPITAL, 1  (IF NOT IN SUCH FACILITY, GIV  BALTIMORE	NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		126 KIND O INDUSTRY AT H	F BUSINESS OR
US 13a	UAL RESIDENCE (IF NURSING HOME OR I STATE 136 COUN		CE BEFORE ADMISSION) OR TOWN I MORE	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS /	ZIP CODE HTS. AV	APT. VE.	303 21215
4	FATHER'S NAME	GOLDST		IS MOTHER'S MAIDEN NAME OF THE CONTROL OF THE CONTR	ME MIDDLE	U	1KNOWN	j
160	WAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	I .	CHARD R.ADSM			
1		E WAR OR DATES!	46-3520	1412 HIGHVIE				21 093
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		NSEQUENCE OF	S/P RE	ARREST _			MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION		NOT REVATED TO THE TERM			IN PART TO	NGS USED
MEDICAL CER		TH HOUR A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCURE				
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE FARM ETC	STREET	CITY OR TO	WN .	COUNTY	STATE
	22a. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did nat	6/4	19.84	nd that in (my) (aur) apinian	death occurred an the de	19. ite and haur ar		that (I) (we) last causes stated
	22b. SIGNATURE	Duys	MA	ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE	SIGNED 4/84
	224. PHYSICIAN'S NAME (TYPE	PESTRE		120 ADDRESS , MALTIMO	DAE COUNT	Y GER	UERAL	Host
230	BURIAL, CREMATION, REMOVAL	JUNE 5, 198	23c NAME OF C	EMETERY OR CREMATORY I ZION	ROSEDALE	E BA	LTO.	MDATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: chauld be detached for ur with the State Dept. of He MPORTANT, If By

SOL LEVINSON & BROS., INC.

24 FUNERAL DIRECTOR SOL LEVING 6010 REISTERSTOWN RD. BALTO., MD 21215



1 - STATE CERTIFICATE OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							IENE 8 4	0.	5 4	6 7
84		CEASED NAME FIRST		MIDDLE LAST		AST	20 DATE OF DEATH MON		INTH DAY YEAR 26. HOUR	
	,,,,,	CHAI	BLES	W.	S	MITH	June	14	1984	Lit AM
	3. SEX	(	4. RACE		5. DATE C	P BIRTH	& AGE (IN YEARS LAST BIR		MONTHS DATS	IF UNDER 24 HRS
233		Male	Whi		Apri	1 11, 1906	78	YRS.		
30		RTHPLACE (STATE OR FOREIGN	76 CITIZENO	F WHAT COUNTRY?	8 MARRIE	XXNEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
6		Maryland		5.A.	WIDOWE	D DIVORCED	Daltimas		Horn	MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN JCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
15	3	00000	5+.	Joseph	Hosp	letic	Tool Make	er	Airc	raft
30 30	Ma 14 FA	ryland Ba THER'S NAME FRST Frank	altimore	I3c. CITY OR TOW TOWSON	th	13d. Inside city limits? YES NO X  15. MOTHER'S MAIDEN NAMERS  FIRST  Mathi	.da	Rave		21204 ein
		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
		No -		215-09-4	+031	Ross W. Sm	th1816 A	oelia		21047
	TION	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO,  (c)  (DUE TO,  (c)  (T)  (d)		ENCE OF	el infare				
9	ERTIFICATION	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
9	U	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, #	ARM, ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
E		220 f certify that (1) (this	hospital) attended	the deceased from_		, 19	, to		19	that (I) (we) last
7	100	sow the deceased aliv above, (I) (we) (did) (d	re onid not) view the boo	ly ofter death.	, 01	nd that in (my) (our) opinion	death occurred on the d	ate and hou	ond from the	couses stated
		Eduard	o pra	Mocen		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSK		6/1	4/84
		EDUARDO	MARISA	N		St. Joseph	· ·	Tow	son, 1	ND
		Burial, cremation, remo Burial				emetery or crematory	23d LOCATION CHYOR TOWN	imore	COUNTY	MD
33		INERAL DIRECTOR  11 iam E. Jo	ohnson8	521 Loch		25a, DAT	15 P84	WE REGIST	IRAR'S SIGNAT	ure

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should bit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

should be detoched for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

OR ATTENDING PHYSICIAN: The

retained by the hospital or

TO HOSPITAL

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1013 . 6 814	إحالتاف	2161 H War	h. D		
		of 11 Holina			

STATE OF MARYLAND FOR STATE CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTI	FICATE OF DEATH	REG. NO	٥.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
(TYPE OR PRINT)	ret M	Sm.4h		6 4 84	10Pm
1.5EX	4 RACE 2 S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
Male	Black 5	12 12	72	YRS.	1,0000
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
Luftenille Nd	- Yes USA WIDOW		BALT	(cun fe	MD.
O CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATE	ON 126. KINI	DOF BUSINESS OR
4thrsville	IMPRICION NISG	CATONSVILE	Pathology A	sst. Edge	wood Arsnal
130. STATE Nursing 100	UNITY INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE 3018	Elgin Ave.
Nd V	Baltimore	YES NO	Baltimore.		21216
14. FATHER'S NAME FIRST	MIDDLE HAST ( )	15. MOTHER'S MAIDEN NA	WE		9 - CY
Thomas	Sm. Yn	Marc			Muse
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY NO. GIVE WAR OR DATES)	17 INFORMANT	3018	Elgin Aven	iue -
Yes V	W II 214-12-3802	Minnie R. Smi		Lmore, Mary	land 21216
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per line lora), (b), and (c).)	v. lele	2-136	DETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
	IATE CAUSE (a)	it alst	27611	7/4	
3310	DUE TO, OR AS A CONSEQUENCE OF	- 14 us No	120001	- 5-	
Conditions, if any, which	( 16) At 1 6	yusor	remin	11/14	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	1711-12-			
underlying cause last.	((c)	140210	me	フー	
	T CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	l 1ras
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING					
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
			YES NO	YES	NO [
		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPART	2)
OR CONTRIBUTING CAUSE OF	DEMIN				
OR CONTRIBUTING CAUSE OF THE STATE OF THE ST	21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
WHILE NOT WHILE AT WORK	(ATTOME, STREET, PACIONT, OFFICE, PARM, ETC)	8	CH	21.	
220.1 certify that (I) (this ha	spital) ottended the percessed from	19	, to 6- 4/ -	-37, 19	_, that (1) (we) last
saw the deceased alive	on	ond that in (my) (our) opinian	death occurred on the de	ote and hour and from	the causes stated
22h. SIGNATUR	non view me dady dvier deam.	DEGREE	MARCH VI	22c. D/	ATE SIGNED
onn	ugh	ATTENDING PHYSICIAN	MEDICAL STAI		-5-84
224. PHYSICIAN'S NAME (TYP	E OFFRINT)	22e. ADDRESS	. /	17.	10:0c.
4FORG	19 HUGOV	3350, W	Illins	ITVE.	17 Kl / My
230. BURIAL, CREMATION, REMOV.	AL 23b. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
(SPECIFY) Burial	6/8/1984 Crownsy	Ille Veterans	Crownsvil	COUNTY	larvland
	s Funeral 2501 Gwynn		E REC'D. BY REGISTRAR		
Home Inc.	Parkwy. Baltimore, M	175666	18 1984	the week!	The BL

DHMH - 16 50M 4/83

and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physican and completely filled in by including the detacked for use as the buriol-transit permit. Then please remove carbon papers. Pages it and 2 input a be filled in the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

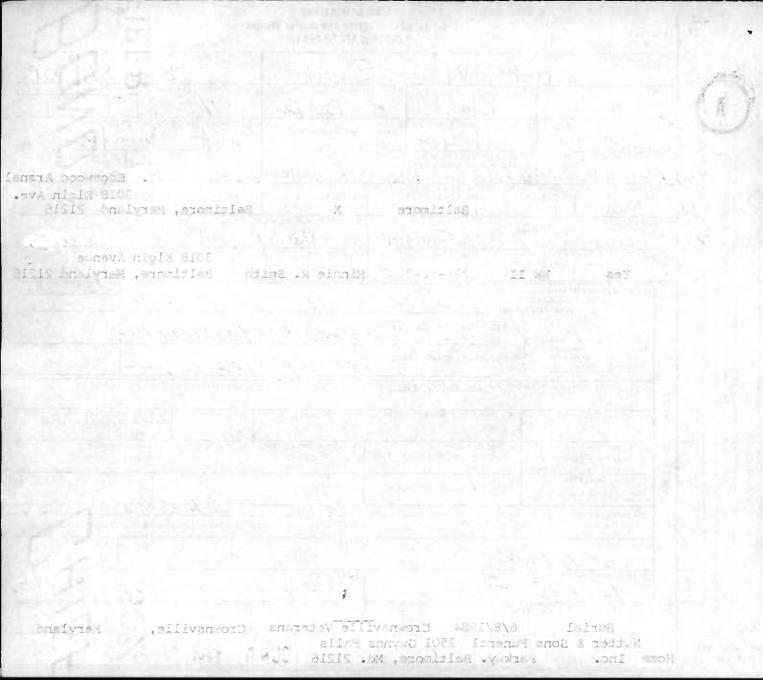
injury, or other troumatic event, the medica

IMPORTANT: If hem 21 is morked or hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hears retained by the hospital or attending physician.

(VRA 15, 4)

BP



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1	5	6	5
- 1	- '			

	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	H. SNYDEN	LAST	LE DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	1.513	FANNA		5. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	6 AGE (IN VERS LAST ANT HULLAT)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
5	C	MD.		MARRIED NEVER MARRIED WIDOWED DIVORCED	01131	DUNTY MD.
7	10. CI	ESSEX	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS 1909 EASTE	4 16	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY
2	13e S	MD BA	13c. CITY OR TOWN	YES NO P	130. STREET ADDRESS	ERN AVE.
ź	0	FRANK L	. KUEGLER	Par 1 - 10-71717	PFIEFFE	ER LAST
			PAR OR DATES) 166. SOCIAL SECUR 21 7 - 12 -		AJ. DEL	ABOVE
	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  NDITIONS CONTRIBUTING TO DE		; MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	12.	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FAR	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not)	1311 30 19 8		ta MAY 30 a death accurred an the date and	
		22b. SIGNATURE	Ofen		MEDICAL STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED 6-7-84
		22d. PHYSICIAN'S WALL TYPE OR P	ey D. Feber		enging Status	Lutherville, and
		URIAL, CREMATION II MOVAL SPECIFY)  BUR INIERAL DIRECTOR	1 / / .	AME OF CEMETERY OR CREMATORY	23d WCATION BALTO	COUNTY STATE

DHMH - 16 50M 4/B2

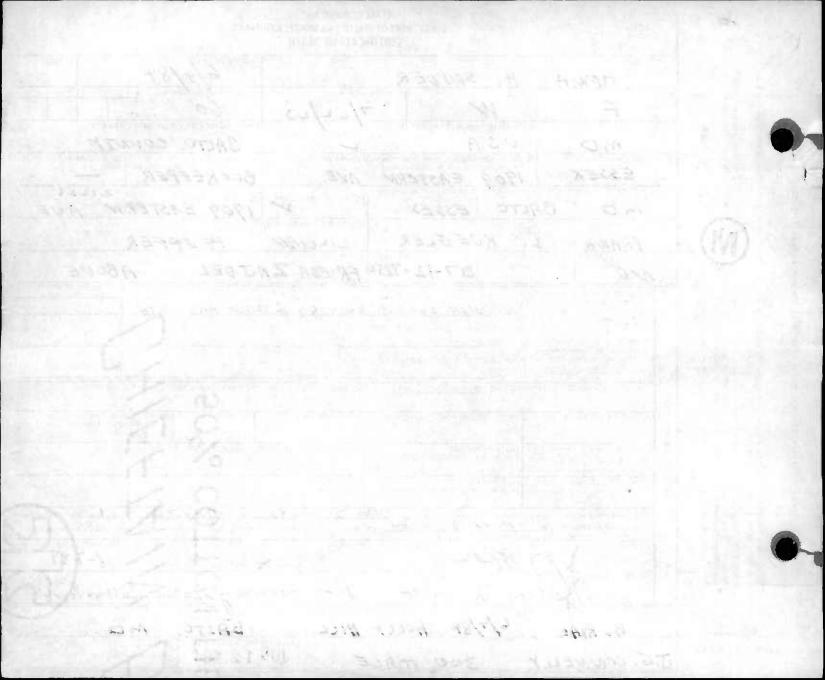
10 FUNERAL DIRECTOR: 4 should be detached for use with the State Dept. of Heal

IMPORTANT: If hem 21 is marked or

J. G. CONNELLY (VRA 15, 4)

300 MACE JUN 1 2 1984

250. REGISTRAR'S SIGNATURE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter de	retained by the hospital or attending pl
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

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STATE OF MARYLAND

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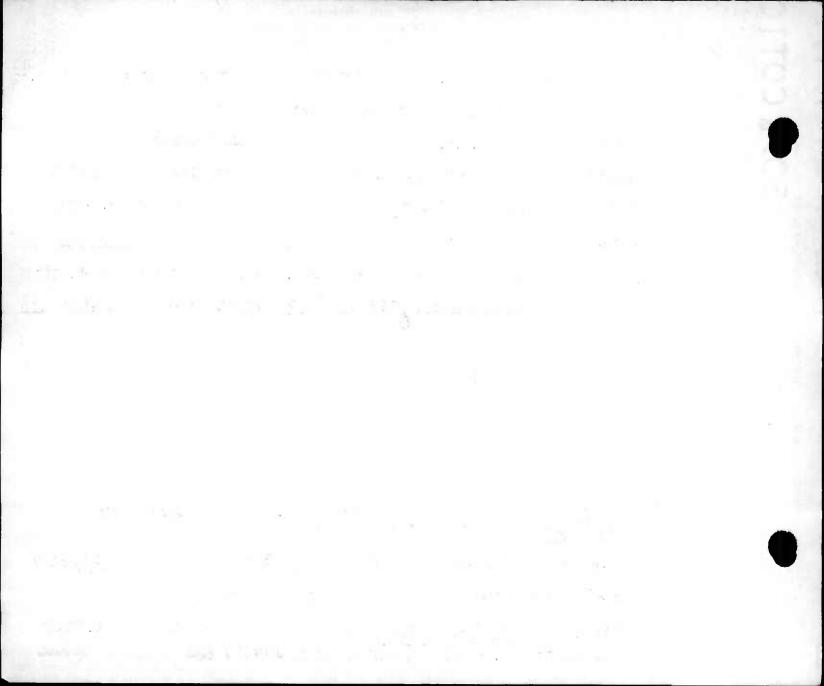
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	FO STA												
L		GISTRAR							REG. NO				
I	1. DECEAS	SED NAME	FIRST	,	MIDDLE	l.	AST	20	DATE OF DEATH	AONTH DAY	YEAR	26. HOUR	?
			JANE	T	L.		SNYDER		JUNE 22			3:40	
I	3. SEX			1. RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIRT	MONTH		HOURS	4 HRS
			WHI			ST 29,1922		61	YRS				
1	COUNTRY)		76 CITIZEN OF WHAT COUNTRY?		MARRIEI	NEVER MARRIED	□  °	BALTIMORE CITY OF					
×	10.0174.0	MARY LAI		_	J.S.A.	WIDOWE			BALT I MORE		b. KIND OF	BUICINIE	MD.
1		BALTIMORE 3108 WOODVALLEY DR.			21208	(1	TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) IN	AT H		55 OK		
	13n STAT		136 COUN BAI	TY TIMORE	130. CITY OR TOY BALT	MORE	13d Inside City Limit	S? 13	STREET ADDRESS VOODV	ALLEY D	R. 21	.208	
	14 FATHE	R'S NAME FIRST	,	AIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAST		
	1	MORTON			HESS		MYRT	LE		G	PIFF	FIN	
1		DECEASED EVER		MED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE:	S			
	(123, 14	NO	(# 123.014	WAR OR DATES;	217-12-	-0768	SOLOMON H.	SNY	DER 3108 V	OODVALL			
	18.	CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y ane cause per	line for (a), (b), a	nd (c).)	/ -		acota la		APPROXIM BETWEEN ON	NSET AND E	DEATH
1		TAKE I. DEFINITE	IMMEDIAT	E C AUSE (o)	Cancer	7	omack c	_ P	wook	7"	141	na	703
i				DUE TO, O	r as a conseol	JENCE OF							
	ge	onditions, if ony, ove rise to imp	mediote	(b)_									
ļ		couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF											
1	PA	RT 2 OTHER SIGN	NIFICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	ITION GIVEN IN	PART Ito		==
1													
1	CERTIFICATION 150 Teles	DATE OF OPERA	TION	19b. CONDITION FOR WHICH OPERATIO			ON WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WEI			
1	Ē								YES NO	YES [	CAUSES	NO [	
7		. ACCIDENT WAS UNI	_	21b. TIME C	FINJURY M. MONTH [	DAY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PART I C	ORPART 2)		
	N OR	CONTRIBUTING		TH.	M.	19							
1	uu	INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC )	211 LOCATION STREET		CITY OR TOV	/N (	OUNTY	51	ATE
1	AT V	WORK NOT WE	HILE								107		
	220				e deceased from,	631		57	, to			hot (I) (w	
		sow the deceas above, (1) we) (	ed objector did) did no	view the body	ofter deoth.	, 01	nd that in (my) our) opi	inion dec	oth occurred on the do				ted
ı	22b	SIGNATURE	14	m/			DEGREE ATTENDIN	NG 1	MEDICAL STAF	F	22c. DATE S	IGNED 6	11
4	224	PHYSICIAN'S N.	AAAE ITVOE O	11000	1111	VI	PHYSICIA 22e ADDRESS	IN AT	DIRECTOR   PHYSIC	AN L	-6/7	311	7
	220	51/	_	C1/000	.1			D CC	מת שמווע				
+	23n BUIDI	AL, CREMATION,		123b DATE		NAME OF C	EMETERY OR CREMATO		OURT RD.				
	(SPEC	RIDTAT		6/24	/0/ 1	ости т	ETIOU CEM		PAITIMOI	E	MARY	/TAND	)
	24 FUNE	RAL DIRECTOR	SOL L	EVINSON	& BROS.	, INC.	250	DATER	EC'D. BY REGISTRAR	SE REGISTRAR'S	SSIGNATU	JRE	
	60	10 REIST	ERSTO	VN RD. I	BALTIMORI	E, MARY	LAND 21215	JUN	271984	ina David	lson-R	indell	6

DHMH - 16 50M 4/83 (VRA 15, 4)

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completely filled in by the

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

within 24 hours often

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

TO HOSPITAL

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYGI	REG. N	0.			
1		CEASED NAME FIRST	NGELO	CHARLE CHARLE	ES	SPAGNOLO	20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR	
ı	( I I PE	Anaclo		C.		19000		6	17 84	7:127	
1	3. SE)		4 RACE		5. DATE 6	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
1	300	male	416	ite	MONTH	19 23	100	YRS.	MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY			9 BALTIMORE CITY C		Y OF DEATH		
1	(	OUNTRY)	11	<	MARRIE	- / -	Ball 1	6	41		
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	125 KIND C	MD. OF BUSINESS OR	
3	-	TOWSON	5+.	Joseph	Ho:	spital	Salesman	F WORKING	HEE INDUSTRY	Battery	
	USU A 130. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		136. CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COI	DE .		
1		Md. Ba	1.40.	Lythery		YES NO	1705 Gre	enso	ring Dr.	21093	
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		J		
	2	Alfonza		Sougnal	0	Rosena	MIDDLE		Didio		
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	ESS	<i>D</i> 1 <i>D</i> 1 <i>D</i> 1		
	(1	NAULI ES WE	WAR OR DATES	218-14	-9743	violet spo	90010 170	- Gre	en secina	Dr. 2103	
		18 CAUSE OF DEATH (Enter on	ly one couse be	er line to (a), (b), ai	nd rest /	0 /	11010 11			MATE INTERVAL ONSET AND DEATH	
1		PART I. DEATH WAS CAUSE	D BY:	ROSO	irato	iny failure			10	Idau	
1		IMMEDIA	TE CAUSE (o)	ACI	-010	7 141141				-	
		Conditions, if ony, which (b) Lung Carcinoma									
		gove rise to immediate									
9		couse (o), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									
			(c)_						_		
	Z	PART 2. OTHER SIGNIFICANT (	CONDITIONS C	ONI RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION G	IVEN IN PART 11	0	
	CERTIFICATION	Lmp	114501	na	LOBERATIO	ALLWAS BEREORUS	200 AUTOPSY? 200 IF YES, WERE FINDINGS L			100 VICE	
4	IC.	19a DATE OF OPERATION	198 CONL	ITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPST?		IFYING CAUSES			
	RTII						YES NO		res 🗌	NO 🗌	
3		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		P.M.	19						
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	EADAL EYC 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE	
	2	AT WORK AT WORK	( The state of the	THE TOTAL OFFICE,	TARM ETC )						
d		220.1 certify that (I) (this hospi	tol) ottended t	he deceased from.			, to		. 19,	that (I) (we) lost	
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the had	19_	, or	nd that in (my) (our) opinion d	leoth occurred on the d	ote and ha	our and from the	couses stated	
	4	226. SIGNATURE	an A	y otter deots.	. A	DEGREE			22c DATE	SIGNED	
		Ah de h	my		MD	ATTENDING PHYSICIAN	MEDICAL STA		6/	17/84	
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	/ January Control				
		S.M.de	1a /	Lon te		St. Jose	ich Hasei	10/	Re Him	ore MA	
-	73a B	URIAL, CREMATION, REMOVAL	1236 DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7	well in the		
	2 Ju D	SPECIFY) Burial	6-2	1-1984	Dula	ney Valley	Cocke	vevi 1	COUNTY	Maryland	
	24 EI	INERAL DIRECTOR				ork Road   25g. DATE			MARKS STATE	Haryrand	
	100	NAME	al Homo	Tnc	WSOn	Maryland JU	1 4 0 400 4	Julia	Davidson	butter	
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Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 4/83

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# FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	STATE REGISTRAR	-	DEFARI		ICATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST  CEANN  LEANN		DOLE	SF	PINKS	-	15/84	YEAR	26. HOUR 10 5 M
	1.SE	F	RACE W		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS HOURS MIN.
5	N	QUNTRY) ARYLAND	CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OF		DEATH	MD.
2	7	OWSON	ST. Ja	SCPH /	ADDRESS)	TAL	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF		NDUSTRY	on E
	lile: S	Mo	HER INSTITUTION G	13c. CITY OR TOW BALE	VN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE HARFO	1	21234
ď	1		PARDU				RGARET	KEYS	LAS	
2		(AS DECEASED EVER IN U.S. ARME es, no or unknown) (IF yes, give w		212-12-		Mrs. Janice	L. Walters	- 2919	Clu	21234 arventi
	NC	18. CAUSE OF DEATH (Enter only, PART I. DEATH WAS CAUSED E IMMEDIATE CO. Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	de breast	DITION GIVEN I	18	IMATE INTERVAL ONSET AND DEATH
/	CERTIFICATION	19a DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED S OF DEATH?
7.3	MEDICAL CER	TIE. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  TIE. INJURY OCCURRED  THE NOT WHILE ALWORK  LOOK AND WHILE ALWORK  THE CETTIFY that (1) (this hospital saw the deceased alive on	P.M 21e PLACE O (AT HOME, STREI	FINJURY ET, FACTORY, OFFICE,	19 FARM, ETC )	211. LOCATION STREET  19 d that in (my) (our) opinion of	city or to	vn , 19_	COUNTY	STATE that (I) (we) last causes stated
		obove, (1) (we) (did) (did not) v 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PF	10	rter death.		DEGREE ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F	22c. DATE	
		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 6-18	-84 L	ORRAI	EMETERY OR CREMATORY	23d LOCATION CHYORTOWN RALTO	Mo	PUNTY	STATE

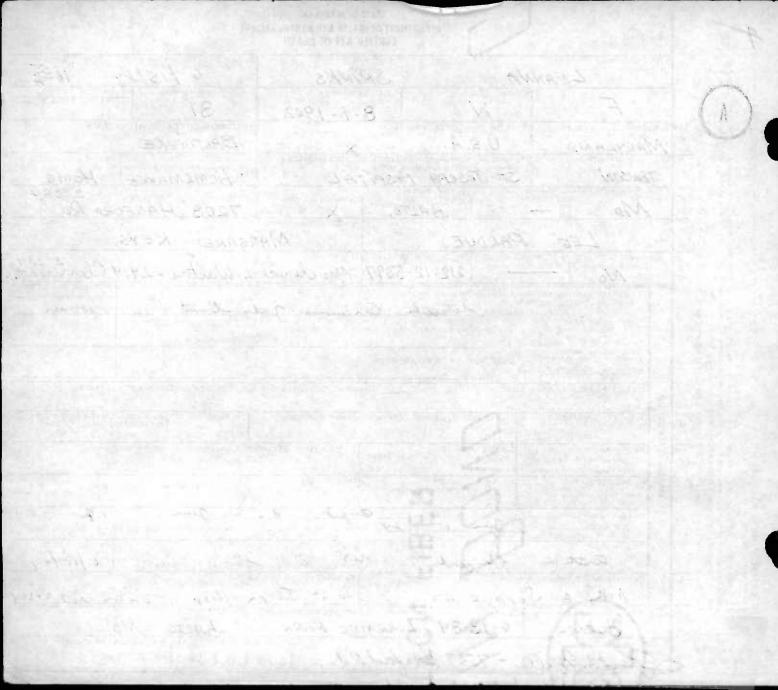
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNCEAL DIRECTOR. After this certificate has been signed by the attending proyens should be detached for use as the businfutional perior. The please remove carbon page with the Stote Dept. of Health and Mental Myshem prior in buring, creation, or removal MyPORTANT, if ten 21 is marked as hem. If shows any injury, as other traumatic event, if

ATTENDING PHYSICIAN The

24 FUNERAL DIRECTOR Mille - 7527 Harford Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 1 8 1984



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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer de bined by the hasaital or attending obsertion	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol

If hem 21 is morked or Item 18

IMPORTANT:

CERTIFICATION

MEDICAL

FOR

- STATE

REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
June 19, 1	984	YEAR	26 HOL	JR G
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	2. HR
	MONTHS	DAYS	HOURS	M 17

				REG. NO.				
1. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
Thomas	Spurrier			June 19,	1984	6:49 %		
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR	IF UNDER 24 HRS		
Male Caucasian		3-5-19	908	76 YF	RS. MONTHS DAYS	HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8 X.	IEVED HADDIED []	9 BALTIMORE CITY OR COU	NTY OF DEATH			
Md.	USA	MARRIED NEVER MARRIED DIVORCED		1 7 - 7 1 - 7				
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION Sporvers WB	126. KIND C	OF BUSINESS OR		
Baltimore	Manor Care Nu	irsing H	lome	Dressed Poultry Self-E				
	to. Roseda urrier	ale YES	other's MAIDEN NA Atherine	Reynolds	OWNE Cir			
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. IN	FORMANT	ADDRESS				
no	213-01-86	25 Th	neresa Sr	ourrier same	as abo	)Ve		
PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one ED BY: TE CAUSE (o) CACHE	XIA, S	WERE		APPROX	MATE INTERVAL ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) MALNY  DUE TO, OR AS A CONSEQUE  (c)	VAVALE	ON					

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

DEGREE

22e. ADDRESS

CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO NO [

CITY OR TOWN

P.M LIF FITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

NOT WHILE 22a.1 certify that (1) (this hospital) attended he sow the deceased alive on above, (I) (we) (did) (did not bew

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL

STATE

STATE

Gamboa

3440 Belair Road

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 6-23-84 Woodlawn Cem

Balto 25a. DATE REC'D

COUNTY Md BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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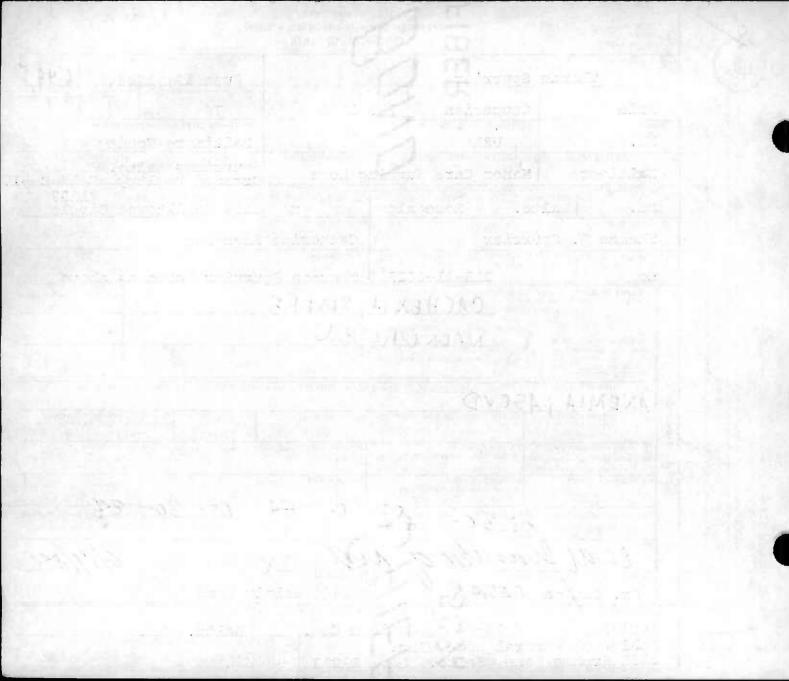
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14 FSENIMUMER Funeral Home \* Inc. 3331 Brehms Lane, Balto., Md

21213

23d. LOCATION CITY OR TOWN

COUNTY



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFUS

1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL	HYGIEN	REG. NO.		
	CEASED NAME	FIRST	A	NDDLE	i.	AST	20	O. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(1172		7illia	m 1	P.	St	ein	- la	June 7, 1984		M
3. SE			1. RACE	•	5. DATE C	F BIRTH	_	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS
	ale		White		March	12, 1923 YEAR		<b>61</b> YRS.		HOURS MIN.
	RTHPLACE (STATE OR I	FORE IGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRIED	□ !"·	BALTIMORE CITY OR COUNT	Y OF DEATH	
M	arvland		U.S.		WIDOWE			Baltimore Count	_	MD.
/			(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		O USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	LIFET INDUSTRY	F BUSINESS OR
USU	OWSON AL RESIDENCE (# NURS	ING HOME OR		Roldrew A		<u> </u>	)1SE	rict Serv. Mgr.	. Dict	aphone
13a	STATE	136 COUN	ΙŢΥ	13c. CITY OR TOW	N	138. INSIDE CITY LIMITS	S?  13	STREET ADDRESS / ZIP COD		1004
	aryland ATHER'S NAME	Bal	timore	Towson		YES NO K	INIAAAE	7925 Roldrew	Ave. 2	1204
)	FIRST	,	MIDDLE	LAST		FIRST		MIDDLE	EAS	
	illiam		A.	Stei		and the same of th	llia		Ree	ly
	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
N	0			216-16-8	3003	Mary K. S	Stei	n - Same as #1:		MATE INTERVAL ONSET AND DEATH
AL CERTIFICATION	19a DATE OF OPERA  21a, ACCIDENT WAS UNI	IMMEDIAT  , which mediate in the interpretation of the interpretat	DUE TO, OF (b) ONDITIONS CO	R AS A CONSEQUI R AS A CONSEQUI DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D.	ENCE OF  DEATH BUT  OPERATION	N WAS PERFORMED	TERMIN	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES ]	NGS USED
MEDICAL	21d IN JURY OCCURI	RED	21e PLACE (		ARM ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above. (1) (we) (	ed alive on		19		nd that in (my) (our) opin		to the occurred on the date and ha	19 our and from the	
	obove. (I) (we) (did) (did not) view the body offer death.  22b. SIGNATURE  D  (M. )  22d. PHYSICIAN'S NAME (TYPE OR PRINT)				ATTENDIN PHYSICIA 27e ADDRESS	(N   [	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED	
	McCrae V	711110	me M D			Unior	n Mei	morial Hospita	1	
	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial		7-11-8	4 S	t. Joh	n's Long G				Maryland
24 F	UNERAL DIRECTOR			ADDRESS	1050	York Rd. 25g	DATE B	EC'D BY REGISTRAR THE REGIS	TRARIS SIGNAT	URE
	Ruck Towson	Fune	ral Hom	e. Inc.	Towson	.Md.21204	UN ]	1 1904		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the busine-transit permit. Then please remaine carbonalogests. Page, with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, as remained.

IMPORTANT, If Nem 21 is marked or Nem 18 shaws day injury, or other traumatic event, the

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Endighed Fundament and the delight of the Artist Addition of the Art

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or ather traumatic event, the

	FOR			
-	STATE			
	REGISTRAR			

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

64		5	v 1	7	5
DEC NO	1				

ı	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	R	EG. NO.			
ī		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEA		DAY YEAR	2b. HOUR	
Christine T. STIN				STINSON			June 16, 1984			11:45p4	
3	. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YEAR	HUNDER 24 HRS	
L	-	Fem.	Cau.		12	24 34		49 YRS		I.OOKS MINE	
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	ITY OF DEATH		
ı				S.A.	WIDOWE		Baltimore County				
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
L		Balto.		Lin Squa		osp.	Bendix	-Fact	ory Wor	ker	
	3a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		13c. CITY OR TOW Balto	'N	134 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDE			21234	
1	4. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE	LAS	ST	
l		Patrick	R.	Burke		Delia				irke	
ī		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
ı	(4	no	IVE WAR OR DATES!	212-30-	7508	Frank L. S	Stinson	3330 1	Willoug	hby Rd.	
Ī		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				nary Arrest			APPROX BETWEEN	ONSET AND DEATH	
	1 8 1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								a	
	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPE				N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE I				
ľ	E		5 (Dec)	100			YES NO	DX D	YES 🗌	NO 🗆	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR			
ı	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE	
l		22a.1 certify that (this has	IIII	e deceased from_	June 84	14, 1984	, to_June	-	. 1984	that (we) last	
ı		saw the deceased alive on Oune 10, 19 04, and that in (in () (aur) opinion death accurred an the date and haur and from the causes stated above, in (we) (did) N d 1) view the body after death.									
١		226. SIGNATURE	ent	7		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR F	STAFF	22c. DATE	116/84	
	1	220. PHYSICIAN'S NAME (TYPE	ORPRINT)	in		9000 Frankl			e 21237		
F		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE	
	)	Burial	6-20	-84 G	Sarde	ns of Fait			Balto	Md.	

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retained by the haspital ar attending physician

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John C. Miller Inc. 6415 Belair Rd.

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	AND DESCRIPTION OF THE PARTY OF			

requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician.

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	rGIENE REG. N	1 5	4 /	6
	1. DECEASED NAME FIRST			MIDDLE LAST			20 DATE OF DEATH	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
	I. DECEASED NAME FIRST  (TYPE OR PRINT)  MARY CORALIE			LIE B	rittingh	amSTO	CKSDALE		6 23 19	84 1:	15 %
\	3. SEX FEMALE				5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) # UND		R 24 HRS	
)					3	14 1927	57				
25	7a. BI	RTHPLACE (STATE OR F	oreign 1d	U.S.A. WIDOWE  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, PURSING HOME OF HOSPITAL, PURSING HOMES)			DI DIVORCED	9 BALT IMORE COUNTY OF DEATH BALT IMORE COUNTY			MD.
Post.		OLL CON	ТH			ROTHER INSTITUTION	120 USUAL OCCUPAT	ON 128	KIND OF BUSIN		
6/1		OWSON	ING HOME OF		701 N.		RLES ST	Administra	tiveAsst	. Labor	atory
100	13a STATE 13b COU		rother institution give residence before admission NTY 13t. CITY OR TOWN Entimore Baltimore		N	134. INSIDE CITY LIMITS? YES NOXIX	13e STREET ADDRESS / ZIP CODE 602 Hatherleigh 1		Road 21212		
womine	14 FATHER'S NAME FIRST Carl Al			ton Brittinghan		ham	15. MOTHER'S MAIDEN N FIRST Mary	MIDDLE E		Malley	
icol	160 WAS DECEASED EVER IN U.S. AR		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	SS	1.0		
Hed	(	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-32-	6256	Mr. R.L.Stoo	cksdale 602	Hatherle:		
, or other troumotic event, the medical		PART 2 OTHER SIGN	which nediote ig the lost	DBY: TE CAUSE (o), C  DUE TO, OI  (c)	CARD 10 - F r as a conseou DAT - CELL r as a conseou	PULMO ENCE OF CA ENCE OF	NARY FAILU  (PULMONARY	)	DITION GIVEN IN	APPROXIMATE INTEREST OF THE PROVINCE INTEREST	DDEATH
ows ony injury	CERTIFICATION	19a DATE OF OPERA					n was performed	200 AUTOPSY? YES NOX	20b. IF YES, WEF	RE FINDINGS USI CAUSES OF DEA NO	ATH?
18 48		21a. ACCIDENT WAS UND	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM TB PART I O	RPART 2)	
ed or Ite	MEDICAL	(IF EITHER NOTIFY MEDIC	RED	21e PLACE		ARM ETC )	211 LOCATION	CITY OR TO	wn C	OUNIY	STATE
MPORTANT: If he are a smorked		22a I certify that II) saw the decease above, III (well is	(this hosp ed olive on his faid in		-ell	6-14 04 or M -	Two appears	on death occurred on the d	FF AN 2	6-23-8	tated 4
MPOR _		TIMOTE								1 0113014	710
		BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	6-27-	55	uid R	idge	Pikesvill  ATE REC'D. BY REGISTRAR			land
4/83		tchell-Wie	defe1	d Home	6500 York	Road		N 2 9 1984		on-Randel	2 1

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the furnt should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours of the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENP

1.	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST (	arles MIDDLE Freder Charles F. STOL	ick ' <sup>st</sup> Stolte Sr.	June 17, 1984	DAY YEAR 26 HOUR 5:20a
3. SE	Male	4 RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) 7/ YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltimore Coun	
10. €	Rossville	11. NAME OF HOSPITAL, NURSIN (IPNOT IN SUCH DICILITY, ONE STREET)	G HOME OR OTHER INSTITUTION  ADDRESS HOSpital	120 USUAL OCCUPATION (WHE OF WORK FOR POST OF WORKING)	12b. KIND OF BUSINESS O INDUSTRY (onto an Co
130	STATE 136 COUN	other institution, give residence before ITY 13 CITY OR TOW timore Eastwood	YES NO X	13e STREET ADDRESS / ZIP COU 7008 Gough Str	eet 21224
14. F	Frederick	peorge Stolte	15. MOTHER'S MAIDEN NA PIRST  PARY	Elizabeth	Reisig
	TING DECEMBED EVEN IN O.O. MIN	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215-01-		Folte In 14604 C	20904 Inangewood St.
		ly one couse per line for (a), (b), one D BY: E CAUSE (a) Cardio-Pu	ilmonary Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (c) Liver Mat  CONDITIONS CONTRIBUTING TO D	EACE OF CASTAS IS DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART Ito
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ V_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \( \text{NO} \( \text{D} \)
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY  (AT HOME STREET, FACTORY OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that 1 (this haspi saw the deceased alive an above, 1 (we) (did) (3.4 No	June 17, 19 E	$\frac{\text{May 14}}{\text{34}}$ , and that in $(\frac{\pi}{4})$ (our) opinion	death occurred on the date and ha	our and from the couses stated
	M. E.	tound	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-17-84
7	Dr. ZEIT	OUNEH	22e. ADDRESS 9000 Frai	nklin Square Dri	ve, 21237
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 01 /	NAME OF CEMETERY OR CREMATORY	Overleas Bala	COUNTY STATE
	uneral director harles S. Zeiler	& Son Inc. 901.	S. Conkling St. 250 JU	Nº 19 984 PLAN	Davidson Monarco

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the haspital or ottending physicion.

Deserted the color of the Market Construction of the Constr Possericle - Prant Lie Souther World Lie . Resident Local and Statement Sectional Land Telephone Statement 2000 and Francisk Johnson State Sant Victoria Relation and the conference of the contraction of the contra  TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other troumatic event, the medical

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTA TIFICATE OF DEATH		REG. N	. ~		
	CEASED NAME FIRST		MIDDLE	LAST	2a. DA	ATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE	ROLAND	J.	SVC	DBODA			6 19	184	11:04P
3. SE	X	4. RACE		TE OF BIRTH		E (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	
	MALE	WHITE	ľA	0G. 28, 19	143 4	40	YRS.	MONTHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9 BAI	LTIMORE CITY C	R COUNTY	OF DEATH	
	Maryland	U.S.A.		RRIED NEVER MARRIE	7.5.	TOTMODE	COIDI	D37	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM		DN 12a, U	I.TTMORE	ION	126 KIND C	OF BUSINESS OR
	COWSON		701" N. CHARL		S	teel Wo	rker	Stee	
Ma		timore	13c. CITY OR TOWN 21234	YES NOX	x 17	REET ADDRESS			1234
	Joseph	WIE	Svoboda	Is MOTHER'S MAID  Tina		J. MIDDIE	J	eline	5T C
16a V	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N		44.	ADDRI			
	NOO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	214-40-27	20 Tina J.	Svobo	oda 176	5 We	ston A	Av. 21204
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per ED BY: TE CAUSE (0)	line for (a), (b), and (c),1 NUTRITIONAL	CIRRHOSIS				BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	r as a consequence o						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	RELATED TO TH	IE TERMINAL D	ISEASE OR CON	DITION GIV	EN IN PART I	a'
Z			ATION DEFECT						
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPERA		20a	AUTOPSY?	IN CERTIF	S, WERE FINDS	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY YE	AR 19	OCCURRED (E	NTER NATURE OF INJU	RY IN ITEM 18 P	PART L OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE FARM, ETC	211 LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we)		01	. and that in (my) (aur) o	84, to	6/19 occurred on the d		- 1	that (I) (we) last causes stated
	22b. SIGNATURE	when	lui	DEGREE ATTEND PHYSIC	DING MED	OICAL STA	FF CIAN 🙀	22c. DATE 6/2	21/84
	RUDIGER BREITE	ENECKER,	M.D.	22e ADDRESS 6701 N. (	CHARLES	ST., BA	ALTO,	MD 212	204
23a. 6	BURIAL, CREMATION, REMOVAL UTIAL	23b. DATE 6/21/	1-1	of CEMETERY OR CREMA Land Memor		LOCATION CITY OR TOWN	re Co	COUNTY	STATE
24 FI	uneral director illiam E. Jo	hnson	8521 Toch	2	S. DATE DECT	RV DECISTDAD	356. REGIST	MARS SIGNAL	indest :

DHMH - 16 50M 4/83 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIENE	REG. NO	).		
	CEASED NAME	FIRST		WIDDIE		AST	2a DAT		MONTH D	AY YEAR	25 HOUR 2-01 M
1.5E			RACE	C. Swee	5. DATE C	AE BIDTH	A AGE	Jine 2		F UNL I YEAR	IF UNDER 24 HRS
A. SE			. KACE		MONTH		10 700	THE PERSONS IN		ONTHS DAYS	HOURS MIN
F	emale		Caucas	ian	Augu	st. 21 1898	85		YRS		
	RTHPLACE (STATE OF	FROM ION 7	b. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTI	MORE CITY O	R COUNTY	OF DEATH	
14.2	farvland		LISA		WIDOWE			limm o	Secondary.		MD.
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI		R OTHER INSTITUTION	1 12a USU	It inore (	NC		F BUSINESS OR
-				CH FACILITY, GIVE STREE			(TYPE OF	WORK FOR MOST O	F WORKING LIFE	INDUSTRY	
	andallstown			ore County		Hospital	Hom	anaker			
130.5	AL RESIDENCE (# NUF STATE	13b COUNT	THER INSTITUTION	13c. CITY OR TO		134. INSIDE CITY LIMIT	rs?   13e.STRE	ET ADDRESS	ZIP CODE		
M	aryland	Balti	more	Woodstr	rk .	YES NO	40	Offitt.Ct			21163_
	ATHER'S NAME	- 191				15. MOTHER'S MAIDE					
0	bowles E		IDDLE	LAST		PIRST	D	MIDDLE		LAS	T
	harles E.	Coldebo		16b SOCIAL SEC	TIPITY NO	Mary C		ADDRE	SS		
	AND DECEMBED EACH		WAR OR DATES)	100 SOCIAL SEC	OKIII INO.	17 IN Mrs. Cath	erine Wa	nderly			21163
n	O			218-28	-2363	4 Offutt	a.	W	bodstoc	k	Maryland
TION		mediate ing the le lost GNIFICANT CO	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C		UENCE OF CO	NOT RELATED TO THE					
CERTIFICATION	1% DATE OF OPER	ATION	196 COND	NITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 A	NO NO		WERE FINDING CAUSES	
	710. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DEAT	"	DF INJURY .M. MONTH [	DAY YEAR	21c. HOW INJURY OC	CCURRED (ENT	ER NATURE OF INJUR	RY IN ITEM IB PA	RT ( OR PART 2)	
MEDICAL	WHILE D NOT WATER AT WORK DE NOT WATER DE NO	met []		OF INJURY REET, PACTORY, OFFICE	, FARM, ETC )	21f LOCATION STREET	. 4	CITY OR TO	WN	COUNTY	STATE
	226 I certify that ( saw the decea abave, (I) (we)	sed alive an_	2	24, 19	24 45	nd that in (my) (our) op	1 ta_ inion death occ	curred on the do		-	that (I) (we) last causes stated
	The SIGNATURE	76	Down	leter	m, be	DEGREE ATTENDIT	NG MEDIC	CAL STAF		220. DATE	24-84
	CHASS		_	nmo TA	BBES	77e ADDRESS	2	phra	Gn.	Hos	لتكني
	BURIAL, CREMATION	I, REMOVAL	73b. DATE	730	NAME OF C	EMETERY OR CREMAT	ORY 23 d. L	OCATION			
	urial		6-27-8	1 / 8	[ibod]	n Camalana	7.7	CITY OR TOWN	***	COUNTY	STATE
	UNERAL DIRECTOR	r				n Cemetery	DATE REC'D	BY REGISTRAR	75h REGISTR	AR'S SIGNIAT	Maryland
	NAME			neral Dire		TIPO	win / h	1484	July July	LUDGI - N	1
8	728 Liberty	Road Rar	rdallsto	n, Marylar	d 21133		UN 45	DUT			<i>E</i>

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial strains permitting the State Degit of Health and Mental Hygiene pr MPORTANT, If hem 21 is marked or hem 18 shows as

completely filled in by the

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		a de grand	Section and the section of the secti	
		1 40 POP 413 P.		

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	, , ,
1. D	ECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
(11)	PE OR PRINT)	7	COCONDINOUT	June 22, 198	84 4·02P M
3 SI	EX Franc	4. RACE	SZCZYPINSKI 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Town 7 a	white	Mar. 1. 1901	83 YPS	MONTHS DAYS HOURS MIN.
i Je:1	Female BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
3	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Con	unts:
10. C	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	126 KIND OF BUSINESS OR
13a.	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CODE 13 Fox Knoll Ct	Z/093 Timonium
14. F	ATHER'S NAME FIRST  John Brzozo	MIDDLE LAST  WSKi	15. MOTHER'S MAIDEN NA Sobje	Welzant	IAST
S , 16a	WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS Szczypinski 13 F	21093 ox Knoll Ct
vent, the	DADT I DEATH WAS CALISE	lly one couse per line for (o), (b), ar D BY: TE CAUSE (o) <u>Cardiopul</u> n	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to buriol, cremation, or injury, or other traumotic injury.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (			MINAL DISEASE OR CONDITION GIV	/EN IN PART NO
8 shows ony injur	Squam	us Cell Lung Car	ICET I OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	
rked or Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt	22a   certify that Mathis hosp sow the deceosed alive on above, Ma(we) (did) (did ac	Vine 22 19	June 13 , 19 84 84 , and that in (M) (our) opinion		
VT. If Hear	226. SIGNATURE	exus	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	(0-22-84
MPORTANT:	J. FERN	AUDEZ MI	9000 Frank	lin Square Dr., 2	21237
3 ≥ 23a	BURIAL, CREMATION, REMOVAL (SPECETY) Burial	23b. DATE 23c 6/26/84	Dulano, Valla, Cem	231. LOCATION CITY OF TOWN  Baltimore. M.	COUNTY STATE
0M 4/83 4)	FUNERAL DIRECTOR NAME Leonard J. RUCK	ADDRESS	250. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAP'S SIGNATURES

STATE OF MARYLAND

NOT THE PART OF STREET Marine State State Land THE DEALERS OF THE PARTY OF THE

# FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REG. NO.	
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REGISTRAR				CLICATIO	ICATE OF DEATH		REG. NO.			
I. DECEASED NAME	FIRST	1	MIDDLE	Li Li	AST	20 DATE OF	DEATH MONTH	DAY	YE AR	2b. HOUR
(TYPE OR PRINT)	BONNI	E N	ONA	TA	BER	JUNE	26, 1984			9:35a
3. SEX		4. RACE		5. DATE O	OF BIRTH		EARS LAST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS
FEMALE		WHITE		MONTH		87	YR	MON	THS DAYS	HOURS MIN
To. BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMO	RE CITY OR COU		DEATH	
VIRGINIA		U.S.A.		WIDOWE	D NEVER MARRIED	BATTT	MORE COUL	VITIV		
10. CITY OR TOWN O	F DEATH		*		OR OTHER INSTITUTION		OCCUPATION		12b. KIND O	F BUSINESS O
ROSSVILLE	,		HEACILITY, GIVE STREET		ricr		FOR MOST OF WORKING	(G HEE)	INDUSTRY	
USUAL RESIDENCE (II	F NURSING HOME OR	OTHER INSTITUTION,								- 12
MARYLAND	13p CON		13c. CITY OR TOW				ADDRESS / ZIP CO		<b>D D D</b>	01000
14 FATHER'S NAME	BALT	IMORE	DUNDALK		YES NO X		MIRAL BOI	JLEV	ARD	21222
FIRST		MIDDLE	LAST		FIRST		MIDDLE		LAS	in and
WALTE 160 WAS DECEASED		HED FORCECS	166 SOCIAL SECU		MARGARET				RTXXX	
(YES, NO OR UNKNOW		E WAR OR DATES)			II INFORMANT		116 VEN			
NO.			212.56.6	946	MARY T. SCHR	OFDER	DUNDALK	, MD		22 IMATE INTERVAL ONSET AND DEATH
	SIGNIFICANT O	sion	i A.	8C1	NOT RELATED TO THE TERM  D. PU  N WAS PERFORMED	orp	Koript	iera	lais	culas
DATE OF O	PERATION	196. COND.				20a AUTC				NGS USED OF DEATH?
A DATE OF OR				48		YES 🗌	NO IN CE	RTIFYIN YES [	G CAUSES	
210. ACCIDENT W.	AS UNDERLYING COLOR OF DEAY MEDICAL EXAMINER	216. TIME O HOUR A.	F INJURY M. MONTH DA	18	21c. HOW INJURY OCCURR	YES 🗌	NO IN CE	RTIFYIN YES [	G CAUSES	OF DEATH?
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OR CONTRIBUTING  (# EITHER, NOISE  21d. INJURY OF  WHAE  AT WORK  22d I certify th  sow the de  above, (4)  22b. SIGNATUR	AS UNDERLYING  G CAUSE OF DEA Y MEDICAL EXAMINER CCURRED ADI WHILE ALI WORK Of With Shaspi excessed olive on we) (did) (did) one	21b. TIME O HOUR A 21c. PLACE (AT HOME, STR 31) view the body.	M. MONTH DAM.  M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 PARM, ETC.)	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. 19 22. 19 23. 19 24. 19 25. 19 26. ATTENDING PHYSICIAN PHYSICIAN	YES PED (ENTER NA	TURE OF INJURY IN ITEM	YES [ 18 PART   19 hour an	COUNTY	STATE
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retoined by the hospital

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

24. FUNERAL DIRECTOR

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

JUN 2 8 1084

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

	CEASED NAME	PIRST	- )	MIDDLE	W.A.	LAST		DATE KNOW OF ESTI-	- 5 6	H DAY	YEAR
		ROWE		EWIS	IM	YLOR		DEATH MATE	0 8 9	5	184
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	RTHPLACE (STATE		76. CITIZEN OF W	VHAT COUNTRY?	8 MARRI WIDOW	IED NEVER MARRIE	ED 📙	BALTIMORE C	inore		
)0 C	ITY OR TOWN OF	DEATH	LIE NOT IN SUCH E	OSPITAL, NURSING HOM	ME, OR OTH		12e USUAL FOR MOS	OCCUPATION	TYPE OF WOR	K 12b K	IND OF I
		ver 2122		Riverton R			Mana	ger		) ro	od i
Ma S	ryland	13b. COUNT		Middle R		YES NO K	21	7 River	ton Ro	1. 2	21220
0	ATHER'S NAME	ornelius	s Taylo	LAST		15. MOTHER'S MAIDEI	heres.	a Lew	ris		LAST
160.	WAS DECEASED I	VER IN U.S. ARM	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT			RE320 F		
	ES, NO, OR UNKNOW!	-	TYPIN CHICAGO	238 10 30	55	Glenn R.	Taylo	r, Son	Balto	. Mo	1. 2
	Canditions, gave rise	if any, which to immediate ating the under-	DUE TO, OI	R AS A CONSEQUENCE	perlin	uc mysea sive Cardi	word	cular a	hieas	e (	6 y
NOI	Canditians, gave rise cause (a) st lying cause	if any, which to immediate ating the under-last.	DUE TO, OF	MOTUL TY	perlini of	sive Cardi	was	cular c	diseas	e (	6 y
THEATION	Canditians, gave rise cause (a) st lying cause	if any, which to immediate ating the <u>under-last</u> .	TE CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c)  CONTRIBUTING TO DEATH	R AS A CONSEQUENCE  R AS A CONSEQUENCE	e of continue of c	sive Cardu  E OR CONDITION GIVEN IN PAR	was	cular c	diseas	20	O Y
ICAL CERTIFICATION	Canditions, gover rise cause (a) stilying cause  PART 2 OTNER SIGN  19a. DATE OF CO  21a. EXTERNAL UNDERLYING CONTRIBUTING	if any, which to immediate ating the underlast.  IFICANT CONDITIONS CONDITION	DUE TO, OI  (b)  DUE TO, OI  (c)  CONTRIBUTING TO DEATH  19b. COND  21b. TIME C HOUR A.I.  P.I.	R AS A CONSEQUENCE  R AS A CONSEQUENCE  N BUT NOT RELATED TO THE TERMINATION FOR WHICH OPPORTUNITY  M. MONTH DAY YEA  M. TO	E OF  RMINAL DISEASE  ERATION W  AR  21c. HC	E OR CONDITION GIVEN IN PAR  AS PERFORMED?  OW INJURY OCCURRED	N 1 (a).	entan c	diseas		6 y
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nding physician and campletely filled in by the carbanpapers. Pages 1 and 2 shauld be filed wi

# STATE OF MARYLAND

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1-	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST		WIDDLE	T	LAST	20. DATE OF DEATH M	4-	DAY YEAR	26 HOUR 950 A
3 SE	Kichara.	Dam 14. RACE	nan	5. DATE C	DE RUTH	6. AGE LIN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		May		60		MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR			
	larvland	USA		WIDOW		Baltim	love	e Cou	nty ME
	TOWSON M	11. NAME OF	HOSPITAL, NURSIN THE FACILITY, GIVE STREET	G HOME (	TOSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Sales Repre	WORKING LI	IFE) INDUSTRY	
13a. S	at RESIDENCE (IF NURSING HOME STATE 136 CO Bal	orother institution UNITY timore	GIVE RESIDENCE SEFORE 131. CITY OR TOWI Timoniu		13d. INSIDE CITY LIMITS? YES NO 🔼	13e.STREET ADDRESS / 1824 Vista			1093
14 F	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA:	
F	Bernard	E.	Terr	v	Ida	WIDDLE		Awal	
16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRES	s Tir	nonium	Md.
	NO (IF YES,	GIVE WAR OR DATES)	216-14-8	3708	Mrs. Norma	a J. Terry,	1824	Vista	Lane
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)_	R AS A CONSEQUE	ONA	ry carcin	DMATOSIS	BILI	PTERAL	
NO	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	ITION GIV	VEN IN PART 1	0 '
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTI	S, WERE FINDI FYING CAUSES ES	
EDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.		Y YEAR	2)c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2}	
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CTTY OR TOW	N	COUNTY	STATE
	22a I certify that it (this ha			6-18 34。	nd that in (Xy) (our) apinion	, to <u>6-22</u> death occurred on the date	e and hou	19 <u>84</u> , ur and from the	that X (we) los
	27h SIGNATURE		Simo?	٥,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA		22¢ DATE	SIGNED
	THE PHYSIC AN'S NOWE IT		24.77		77e ADDRESS		77		TWAT
	REYNALDO	URJUEL	A-GONE	2,4:	7620 York R	load Towson M	Id 212	204	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. retained by the haspital TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked ar Item 18 shaws any

After this certificate has been

OR ATTENDING PHYSICIAN: The

injury, ar ather trau

Burial

230 BURIAL, CREMATION, REMOVAL A

231 NAME OF CEMETERY OR CREMATORY June 25, 1984 Mt. Zion Cemetery

23d LOCATION
CITYORTOWN
Belair, Harford Co., Md.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Lowell Lemmon, 10W. Padonia Road, Timonium

6 22 34 950		To	naisma)	breet/old
Ca	1, 1926	LUA .	t	alam
Baltimore County	.00.00		USA	basiyisid
Fales Representative Auto	(4.15)	H eng	H Strategy	Towscons
1.24 Vieta Lanc # 81093		mulno	and exomition	ed nagigation
in the same of the				Buancos
a A. Taary, 1 se viet fanc Volume	deres Rossia es extraffi			
				S Calendar
Ny Felair, Parlord Co., Not.				j = 1 · j

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fulled in by the further should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fulled within 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examine

#### STATE OF MARYLAND

DEPART	MENT	OF	HEALT	Н	AND	MENTAL	HYGIENE
	CEI	RTI	FICA	TE	OF	DEATH	

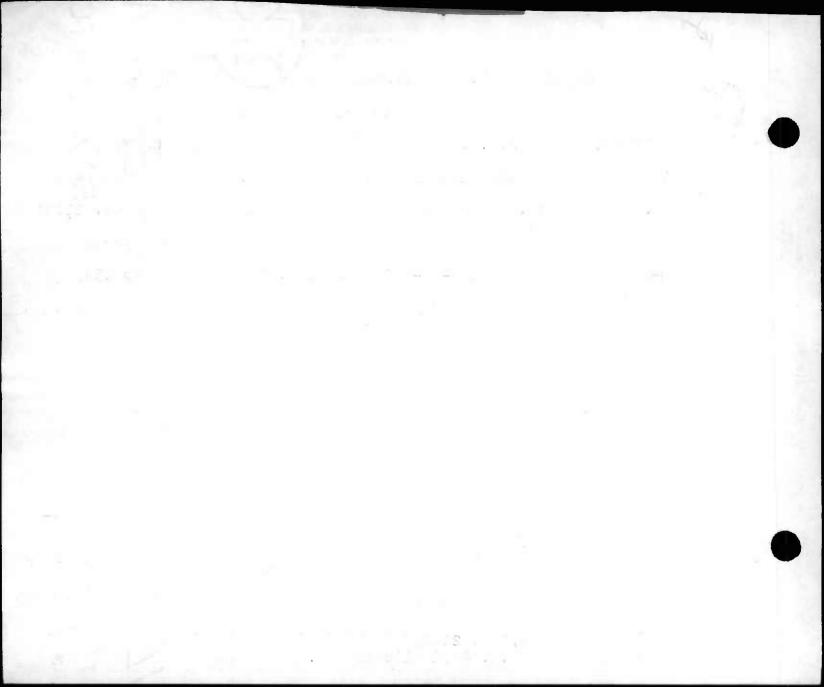
1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HE	ALTH AND A		REG.	NO.				
	CEASED NAME FIRST	MIDDLE	LAS	ST.		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUI	₹.
(11PE	NANCY	L.	THOMA	AS			6	30	84		М
3. SE.	Х	4 RACE	5. DATE OF			6 AGE (IN YEARS LAST	BIRTHDAY)		RIYEAR	IF UNDER	
F	EMALE	WHITE	12	31	54	29	YRS	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? B	NEVER M	ABBIED [	9. BALTIMORE CITY			ATH		
M	ARYLAND	U.S.A.	WIDOWED		ORCED	BALTIMO	RE C	OUNT	Y		MD.
1	ARNEY	11. NAME OF HOSPITAL, ILLE POT IN SUCH FACILITY, GN 2445 LAKE			NOITUT	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' R. NURS	OF WORKING	INE INE	KIND O DUSTRY IEDI	F BUSINE	SOR
13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL BAL	INTY 13c CITY C	EY		XХои	2	ZIP CO		D.	2123	34
	THER'S NAME JOHN	T. GANNON	AST	IS MOTHER'S		WE		JO	NES	ī	
16a V	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17. INFORMAL	٧T	ADD	RESS				
1	YES NO OR UNKNOWN) (IF YES, G	220-	66-6828	ROBER	T L.	THOMAS (	same	as	13e	)	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	FD RY.	tastul Iseouence of	ic b	reist	cancer			2 °	mate interionset and i	PEATH PAR
TION	PART 2 OTHER SIGNIFICANT										
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	which operation	WAS PERFO	RMED	YES NO	INCER			OF DEATI	H?
	2%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONT	TH DAY YEAR 19			RED (ENTER NATURE OF IN	JURY IN ITEM I	B PART I OF	PART 2)		
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATIO	N	CITY OR	IOWN	co	YTAUG	12	ATE
	22a.1 certify that (b) (this has saw the deceased alive a above, (l) (we) (dish (did not))	()	0.11	that in (my)	. 19 <u>\$/</u> opinion	death occurred on the	dote and h	19_d	rom the	that (I) (couses sto	et lost
	778. SIGNAHUR	lieloM		P	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	2	DATE 7/	SIGNED	PY
	MARTIN	D. ABE	LOFF	Jot	INS A	+OPKINS	ONC	0200	54	CEN	1781
	BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION CITY OF TOWN		COUN	at v	c 1	ATE
B	TIRT AT.	7/3/8/4	DARKWO	OD CE	TATE	PATMO		COUR	***	MID	

BP DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR'S SIGNATURE
1111 0 1001 Javidson Annua GONCE F.H. 400 Fishtchie Hwy. GEORGE



### STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		
1. DECEASED NAME FIRST	E F	HO SANSON	26. DATE OF DEATH MON	TH DAY YEAR 26 HOUR O
1 SEX Male	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
To BIRTHPLACE (STATE OR FOREIGN COLUMN AND AND AND AND AND AND AND AND AND AN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	00 (04)	NO.
Randallstown	Baltimore Count	y General Hosp	(TYPE OF WORK FOR MOST OF WO	Post Office
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU		N 13d. INSIDE CITY LIM YES X NO [	Baltimore,	
14 FATHER'S NAME FIRST Cleve E	MIDDLE LAST Thompson	Sr. Annie	MIDDLE	Washington
WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)			513 Wabash Avenue 1timore, Md. 21215  APPROXMATE INTERVAL STIMEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	mes of march		uan
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	<u>_</u>	DEATH BUT NOT RELATED TO THE		i. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Contraction of the contract of	HOUR A.M. MONTH DA	Y YEAR	YES NO NO DECENTER NATURE OF INJURY IN	YES NO
TO CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27d. L. cartify. that, (1), (this house	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FI	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive or	ital) attended the deceased from	DEGREE	, to, to	TR. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE	O ROSZCUM, B	PHYSIC 11 - 22e ADDRESS 600	MEDICAL STAFF IAN DIRECTOR D PHYSICIAN  RETURN STOR	
230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY COMES	CITORIOWN	COUNTY STATE

DHMH - 16 50M 4/83

BP.

OR ATTENDING the hospital O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f

requires that the death certificate be executed within 24 haurs after

Nuttex Bons Funeral Home Inc. (VRA 15, 4)

2501 Gwynns Falls Parkway 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE Baltimore, Maryland 21216 JUN 5 1984 Baltimore, Maryland

Will the Advance and Company of the . TYPE TO THE TOTAL ditti versiyan rasilika z serilgilg versiyas litti PILLS III, MICHAEL . Profits BURNEY JUSTINE ESTO MISTO AND ANGELSTED STREET, NICHELL AND ANGELSTED TO ANGELSTED TO ANGELSTED AND ANGELSTED ANGELS

An internal control of the control o

CTATE OF MADVIAND

STATE OF MAKILAND	3.3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEA		IENE	REG. NO	).		
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF			DAY YEAR	2b HOUR
	NON-22/32911h	ELBER		J.	_	IORNHIL	L,SR.			1984		м
1. SE	Male	4	Whi	te	S. DATE O	H DAY	1900	6. AGE (IN YE	ARS LAST BIRT		IF UNDER TYEAR	# UNDER 24 HRS. HOURS MIN.
	IRTHPLACE (STATE (	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAI	RRIED 🗆	9. BALTIMOI	RE CITY OI	COUNTY	OF DEATH	
	Virgin		U.S		WIDOW	DNO	RCED 🗌	Balt	imor	e Coi	inty.	MD.
10. C	ITY OR TOWN OF D	EATH 11		HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS]			12a USUAL C				OF BUSINESS OR
/	21234		Valle:	y View I	Nursi	ng Cen	ter	Pain	ter		Hom	1e
#3o :	ALRESIDENCE (# NI STATE .rvland	136 COUNTY		13c. CITY OR TOW	N	13d. INSIDE CITY	LIMITS?	13e STREET A		zıp code leigh	n Road	21234
	ATHER'S NAME			2127	•	15. MOTHER'S M						
	George	MIL	DLE	Thorn	nill	Ne Ne	ettie	)	WIDDLE		Fr	anklin
	WAS DECEASED EV	R IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT			ADDRES	SS	210	
	No	(IF TES, GIVE W		220-09-8	3495	Elbert	J. I	hornh	ill.	Jr.G.		
	8 CAUSE OF DE	ATH (Enter anly	ane cause per	line far (a), (b), an	d Ici.i	24 10	1					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED I			P	your.	nea	)			1	who
	737	0	DUE TO, O	R AS A CONSEQU	ENCE OF	5		inlas	-		1/	
	Conditions, if or		(b)	Cereta	-9	un Sa	Mole	un as	(Hero)	81160	78/	olyrot
	couse (a), sta underlying cas	ting the	DUE TO, O	r as a conseou	ENCE OF							
NOI	PART 2 OTHER SI	GNIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	OR COND	ITION GIVE	EN IN PART 10	0
CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	(ED	200 AUTO	PSY?		, WERE FINDING CAUSES	
	21a. ACCIDENT WAS ON CONTRIBUTING	CAUSE OF DEATH		FINJURY M. MONTH D.	AY YEAR	21c. HOW INJUI	RY OCCURR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM IB PA	ART I OR PART 2)	
MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		21f LOCATION			CITY OR TOW	v/hl	COUNTY	STATE
Σ	WHEE NOT	WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	SIMEET			O -	VIV.	COUNTY	SIAIR
	220.1 certify that	(I) (this hospital	attended th	e deceased from_	1	164	19		173	1	9	that (I) (we) last
	sow the dece	osed alive on (did) (did nat) v	new the hady	ofter death	, o	nd that in (my) (ou	r) opinion d	death occurred	on the do	te and hour	and from the	causes stated
	226. SIGNATURE	1	-	3		DEGREE					22c. DATE	SIGNED
		1/20	Assen	4	11		ENDING YSICIAN	DIRECTOR [	STAFI PHYSICI		51	2/137
1	22d PHYSICIAN'S	VAME (TYPE OR PI	(TAIL)			22e ADDRESS						7

O FUNERAL DIREC

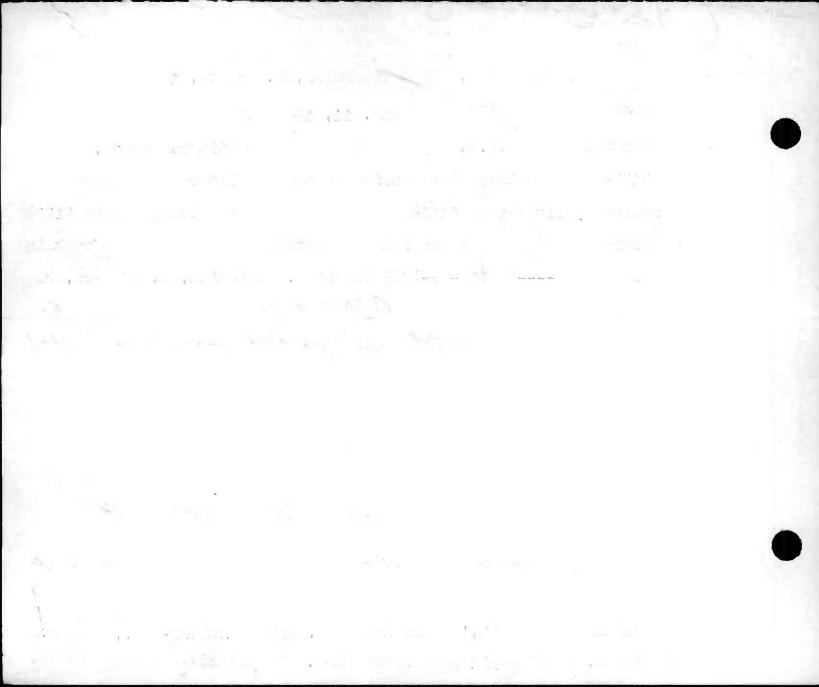
ORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL
(SPECIFY)

BURIAL
24 FUNERAL DIRECTOR

William E. Johnson8521 Loch Raven Blvd.



1	-	FOR STATE REGISTRA
1	-	

# STATE OF MARYLAND

1	~	6	9	4

1	- STATE REGISTRAR	DEPAKIA	CERTIFICATE OF DEATH	REG. NO.		
	DECEASED NAME TYPE OR PRINT I FROM	RED MIDDLEJ.	Tobin TOBIN	20 DATE OF DEATH MON	1, 1984 2b H	730 M
3.	MALE	RACCAUCASIAN	MARCHITE 1897	6 AGE (IN YEARS LAST BIRTHDA	Y IF UNDER I YEAR IF UNI MONTHS DAYS HOUR	DER 24 HRS
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTOWA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9 BALTIMORE CITY OR CO		MD.
10	CATONSVILLE		NURSING HOME	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUS INDUSTRY HOSPI	
1	NARYLAND 13b BA		IMORE 13d. INSIDE CITY LIMITS?	315 INGLES	SIDE AVE. 2	1228
	The state of the s	SHERIDAN LASTO	BIN ELIZA	WIDDLE	ORR	
160	WAS DECEASED EVER IN U.S. AF  (YES, NO OR UNKNOWN)  (IF YES, GI	rmed Forces? VE WAR OR DATES) 166 SOCIAL SECU 169-01-	TNOTT	ST HAVENPRENT SIDE AVE,	RSING HOME	2122
		DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A SECULATION OF TO E	EATH BUT NOT RELATED TO THE TERM	V failer, emplys	ON GIVEN IN PART TO	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?   201   IN	D. IF YES, WERE FINDINGS UP CERTIFYING CAUSES OF DE YES NO	ATH?
MEDICAL CER			19 211 LOCATION	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)  COUNTY	STATE
	220. I certify that (I) (this hosp sow the deceased alive or	ital) attended the deceased from 19	ond that in (my) (our) apinion  DEGREE  ATTENDING 1	MEDICAL STAFF	nd hour and from the couses	
	228-PHYSICIAN'S NAME (TYPE OF	B BOB	120 ADDRESS	Pank Hey	ht 21200	5

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physician MPORTANT: If Hem 21 is morked or Hem 18 shows ony

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

completely filled in by the funeral

PK.

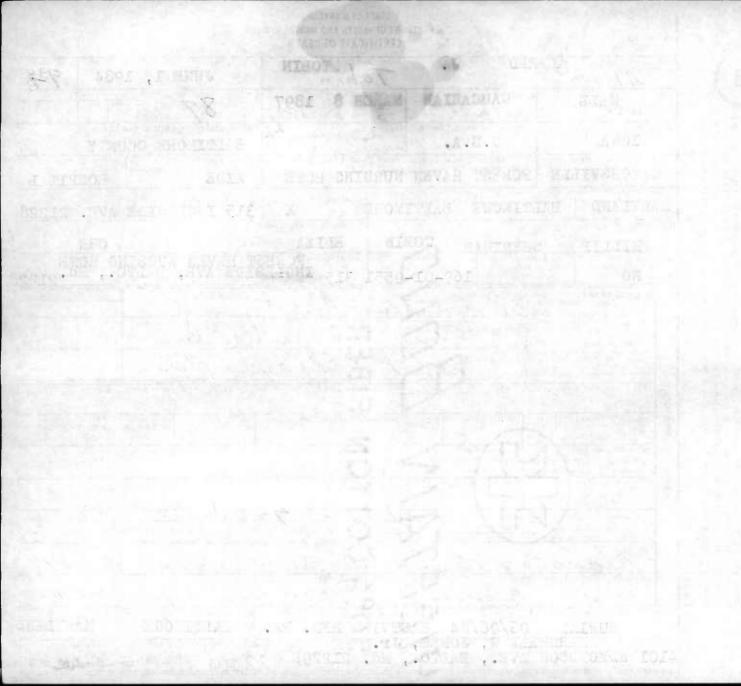
23d LOCATION BALTIMORE

MARYTAND

230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL 06/06/84 EASTVIEW MEM. PK. 24 FUNERAL DIRECTOR MARSHALL W., JONES, Jr. 250. DATE 24 FUNERAL DIRECTOR MARSHALL W., BALTO., Md. 21229 IIN

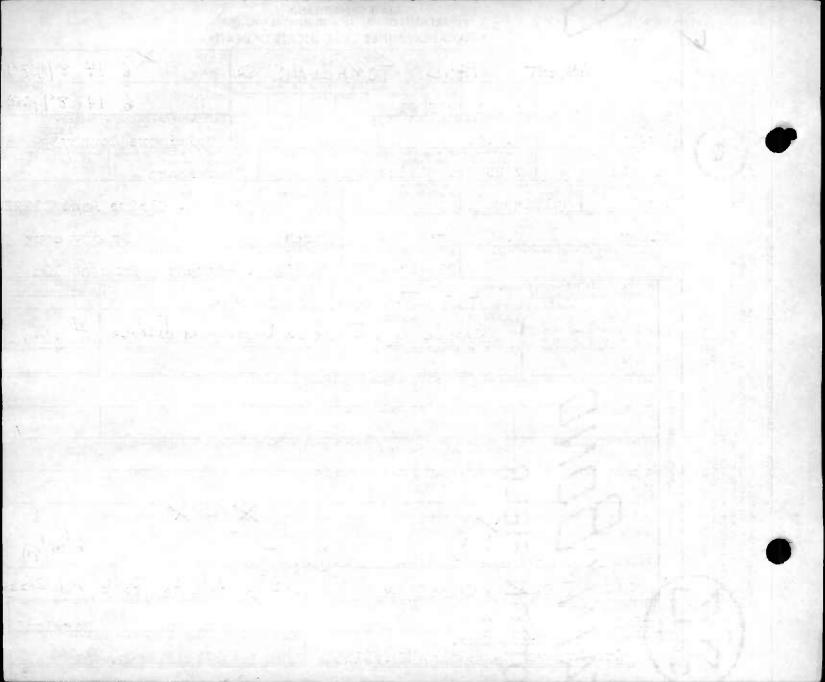
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

hia Davidson-Randelle



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 48 5 8 8

6		STATE REGISTRAR	ME	DICAL EXAMIN		ERTIFICATE O		5 4 5 5
28.45		CEASED NAME FIRST	NT P	AUL T	OMF	LONIS	OF ESTI- DEATH MATED	6 14,84 1030
RY, PLEA DIRECTION DOWN FILE DOWN STREE	3. SE	le White	5. DATE OF BIRTH			DER TYR. IF UNDER	MIN. PRONOUNCED DEAD	6 14 1984 1250 M
200	) Ma	IRTHPLACE (STATE OR DREIGN COUNTRY)  LYLAND  ITY OR TOWN OF DEATH	U.S.A.		WIDOWE			County MD
DELAY BOTTON	Du	indalk AL RESIDENCE (IF IN NURSING HO.	(IF NOT IN SUCH FA 7925 S	St. Claire	Lan	e	Steveadore	OR INDUSTRY
ND. 2120 2, AND 3. RETA 2, SHOULD	Ma	ATHER'S NAME	ltimore	Dundalk		13d. INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDE  FIRST		re Lane 21222
FORM FORM ON 1991	16a \	Iter  WAS DECEASED EVER IN U.S. ES, NO. OR UNKNOWN!   TOP YES O	MIDDLE  V.  ARMED FORCES?  IVE WAR OR DATES!	Tomalonis		Martha 17. INFORMANT		Schouvacous
URS AFTE B. GIVE I WITH FO IT. PAGE DIVISIO	No	18 CAUSE OF DEATH (Enter	only one cause per lige	218-10-5 e for (a), (b), ont(c).)	653	Sheila I	E. Behrens S	ame as 13e
I W. PRESTON ST.  D. WITHIN 24 HOL. PENCIL IN ITEM 16 AMINER ALONG ' AMINER ALONG		Conditions, if only, wh gove rise to immedi couse (a) stoting the unc lying couse lost.	ch (b) (c) (c) (c)	CALL MACE AS A CONSEQUENCE AS A CONSEQUENCE	OF LEW	sire cardi	nhage ovas cular disea	11
BE EXE SINDING WEDICA AS A BI ALTH A CREMA	MION	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERM	100	B	RT 1 (a	70 AUTOPSY?
	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME O	F INJURY			D GENTER NATURE OF INJURY IN ITEM 18 PART	YES NO NO
DIVISION OF VIT IS CERTIFICATE SH WRITING THE WOR RROED TO THE CI GE 3 SHOULD BE TIE DEPARTMENT 201 PRIOR TO BUI	MEDICALC	UNDERLYING OR CONTRIBUTING CAUSE ( 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	DE DEATH P.N	A. MONTH DAY YEAR A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOC		CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WITH TO FUNERAL DIRECTOR: PARA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21:		220 I certify that I took ch	arge of the remains destructed causes D.		Autaps	Homicide	Undetermined manner .	DATE SIGNED
FO MEDIC EXECUTE T PAGE 4 SH FO FUNER AFTER DEA SALTIMOR	73n B	EXAMINER'S NAME (TYPE OR PRINT)	CROSSAN (	S'HONOVAN		ADDRESS 2K2	Dundalk Avr. B	alb., md. 2122
BP	В	urial uneral director Duda:	6/18/19	84 Oak L		250. DATE R	Baltimore	COUNTY STATE  Maryland  AR'S SIGNATURE
DHMH - 17 (VR A15 ME (5)) 20M 4/82		22 Wise Ave		dalk, MD.	212	22 JUN	1 9 1084 Julia Visui	der Abrilatio



	4	5.5	sign
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundational behavior of the property of the place of the property of the place of the property of the place of the prior to buriof, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examples must be routified at anger

. [	1 -	FOR STATE REGISTRAR		CERTIF	E OF MARYLAND BEALTH AND MENTAL HYGI CICATE OF DEATH	REG. NO		8 9
		CEASED NAME FIRST Raymo	ond TRAVIS		AST	June 25		26 HOUR 6:15 P.
3	. SE		4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		M
A )	1	\LE	WHITE	MONTH 10	14 1511	72	YRS.	
25	B.	RIHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	Baltimore city o	re County	ATH MD.
by the fulled with		ossville	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET,  Franklin Squa	GHOME ( ADDRESS)  re H	OR OTHER INSTITUTION  Lospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	F WORKING LIFE) INDL	CIND OF BUSINESS OR USTRY COPLE Ser.
Filled boould b	30. S	RYLAND BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY OR TOW			3227 WOO	ZIP CODE dhome A	Ldy ve. 21234
ond 2	( FA	THER'S NAME Alton	Travis		15. MOTHER'S MAIDEN NAM	e widdle		eist
Poges 1		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV			Raymond J.			Hill, 210
tos been signed by the otte permit. Then please remove ne prior to buriol, cremotian ws any injury, or other frour	CERTIFICATION	Conditions, if any, which gove rise to immediate couse lol, stating the underlying cause lost  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI  200 AUTOPSY?  YES □ NO[X]	20b. IF YES, WERE	
		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	21c HOW INJURY OCCURR	- 44		
s the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211. LOCATION STREET	CHY OR TO	wn COU	NIY STATE
RECTOR: Africate of for use o spt. of Health fem 21 is mo.			tol) ottended the deceased from	84 , a	e 19 , 19 84  nd that in (196) (our) opinion of DEGREE	, 10	ate ond hour and fro	
TO FUNERAL DIRE should be deteched with the Stote Dept IMPORTANT: If Iter		22d. PHYSICIAN'S NAME (IVPE OF Dr. Mont	Aanh m D andon, MD		ATTENDING PHYSICIAN DIE PHYSIC	MEDICAL STAF DIRECTOR PHYSIC	IAN 9	7
D # 3 8	3e. B	URIAL, CREMATION, REMOVAL BECIFY) Burial	6-28-84 08	k La	EMETERY OR CREMATORY  WM Cemetery		more, Ma	
16 50M 4/83 RA 15, 4)	4. FL	NERAL DIRECTOR Lassahn Fur	neral Home Bal	1 Be	lair Rd Manager Md. 212	29 400A	25b. REGISTRAR'S SI	IGNATURE

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	L. APIG	O.L. FILT	at the same
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PRSIC .ov. 6000 00 7554	M.		METALOGICA PERSON
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travia bia Dorminot to lot.	To broady		
	Steam College		
	a depoiler	ediciones -	
1743 -		and.	
Superior of the second			
Tot trees, Marri ont	venod otroči n	and the contract of the con-	-Darwell
E MARKA AND AND SHOP R	e indean	Lincol Holes, 1	cuttors minaco!

FOR STATE REGISTRAR		DEPAR	TMENT OF HEALTH AND I
CEASED NIAME	EIDs 7	MIDDLE	LAST

STATE OF MARYLAND	, i	-	Lan	 4	į
PARTMENT OF HEALTH AND MENTAL HYGIENE 🥨	ad	l.	-		1
CERTIFICATE OF DEATH	250 110				

17		1	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	)			
			CEASED NAME	FIRST		MIDDLE	l.	AST				AY YEAR	2b. HOUR	
ge 3		(,,,,,	AL	EXAND	ER		TUC	KER		JUNE 11,1	984		12:1:	5 AM
director, page 3 nours ofter death		3. SE			4 RACE		5 DATE C		FAR	6 AGE (IN YEARS LAST BIRT		F UNDER I YEAR		HRS MIN.
irecto urs o	//	0	MALE		WHITE			R. 10, 19	10	74	YRS.		NOORS N	1114.
P Q	-		RTHPLACE (STATE OR I	FOREIGN		WHAT COUNTRY?	8 MARRIE	D XNEVER MARR	IED 🗆	9 BALTIMORE CITY OF	_			
	13		ITY OR TOWN OF DEA	TIL	USA		WIDOWE	D DIVORC		BALTIMORE				MD.
	Ag	/ P	IKESVILLE	/	PIKES	VILLE NUT	RSING	HOME	ION	PHARMAC			G STORE	
filled in hould be	E.	130	AL RESIDENCE (IF NURS STATE MARYLAND	ISB COUN	OTHER INSTITUTION.	BALT IMO	RE	13d Inside City Li Yes No		3302 CLARKS	ZIP CODE	APT.	D #212	215
completely Lond 2 sh	301	14. E/	THER'S NAME FIRST HYMAN		MIDDLE	TUCKER		15. MOTHER'S MAI		WIDDLE		UNKNO		
on and c	2 medico	16a. \	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	217-03-2		3302 CL		LA. BALTO.,		APT. 21215	D	
ned by the ottending please remove corba	uriol, cremotion, or y, or other troumotic		Conditions, if ony, gove rise to improve (o), stoting underlying couse	nediate ig the lost.	DUE TO, OI	R AS A CONSEQUI	ENCE OF	NOT RELATED TO T	HE TERM	IN AL DISEASE OR COND	ITION GIVE	N IN PART 1		
been sign	injur	ATION		Co	ronery	brough					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.0	
hos	iene prio	4	19a DATE OF OPERA	TION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?			INGS USED S OF DEATH? NO	
certificote priol-tronsi	ntol Hyg	CAL CERT	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII	AUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PAT	RT ( OR PART 2)		_
fer this o	h ond Merked or	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	OLE [	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC )	211. LOCATION STREET		CITY OR TOW	714	COUNTY	STATE	:
DIRECTOR: All oched for use o	of Healt		22a.1 certify that (1) sow the decease obove, (1) (we) (c	ed olive on	June	77	QU	7	opinion d	to June		ond from the	, that (I) (we) e causes stated	
detoched	with the State Dept. o		276 SIGNATURE	inet		rel W		DEGREE ATTEN PHYSI		MEDICAL STAFF DIRECTOR   PHYSICI	AN 🗌		E SIGNED  1/84	
D FUNE	PORTAP		22d. PHYSICIAN S NA KENNETH					27e ADDRESS 10219	S. :	DOLFIELD RD	. OWIN			— ).
7 4s	3 3		SURIAL, CREMATION, SPECIFY) BURIA	L		12,198#	NAME OF C	EMETERY OR CREMA KODESH-BI	atory ETH ]	ISRAELY OR THE ALT	IMORE	COUNTY	ARYLAND	
6 50/	A 4/83	24 FL	INERAL DIRECTOR S	OL LE	VINSON	& BROS.			25a. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTR.	AR'S SIGNA	TURE	<del></del>

DHMH - 16 50M 4/83

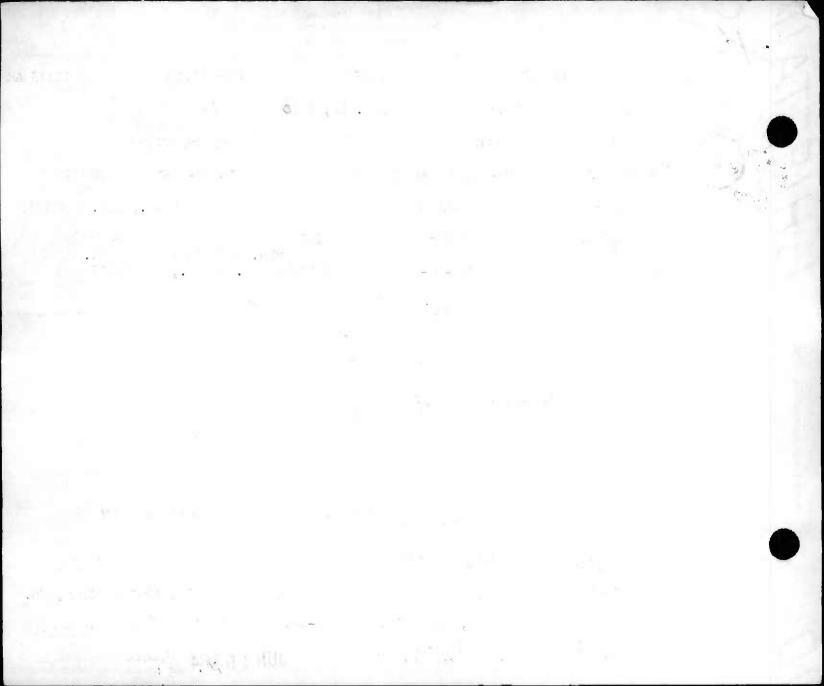
BP.

retained by the hospital or attending physician.

(VRA 15, 4)

6010 REISTERSTOWN RD. BALTO., MD. (21215)

JUN 15 1984 Julia Davidson-Mandell



TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE

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	CEASED NAME	FIRST	N	AIDDLE	L	AST	20. DATE OF D	EATH	MONTH	DAY	YEAR	26 HOUR
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3. SE	х		4. RACE	Charles I	5. DATE O	F BIRTH	6 AGE (IN YEA			# UNCE	P I YEAR DAYS	IF UNDER 24
	FEMALE	201	WHITE		1 - 1	3-1919 YEAR	65		YR5	astining.	DAYS	HOURS
	RTHPLACE (STATE			WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORI	CITY O	R COUN	TY OF DE	ATH	
T	ennesse	,	USA		WIDOWE		Balt:	imore	e Cou	inty		
	OSSVILL			OSPITAL, NURSIN		HOSPITAL	ASSEM				naDE KINDE	KER
13a. S	AL RESIDENCE (# N STATE ARYLAND	136 COUN		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET AD 1234		ZIP CO		27. OAD	237
	DWARD L	TTLE	AIDDLE	LAST		RUTH BOSWE		MIDDLE			LAST	
	WAS DECEASED EV		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			100
()	YES, NOOUNKNOWN)	( # YES, GIVE	WAR ON DATES]	411189	607	STEPHEN T.	TURNE	R 1	232	LAN	DOVI	ER R
	18. CAUSE OF DE PART I. DEATH	ATH (Enter on	y one couse per	line for (a), (b), and	d (c+.)					В	APPROXIA	NATE INTERV
	Conditions, if a gove rise to cause (a), strunderlying co	my, which mmediate ting the use last.	(b) DUE TO, OR		ible NCE OF <b>nic a</b> r	shock  nd Disseminat					PART I to	
CATION	gove rise to cause (a), sto underlying co	my, which mmediate thing the last last.  GNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS	Irrevers: RAS A CONSEQUE Hypother WHAMILLAG	ible  NCE OF  Mic ar	PURITURE IN		OR CON	206. IF Y	ES, WERE	FINDIN	GS USED
TIFICATION	gove rise to cause (a), str underlying co PART 2. OTHER S	my, which mmediate thing the last last.  GNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS	Irrevers: RAS A CONSEQUE Hypother WHAMILLAG	ible  NCE OF  Mic ar	nd Disseminat	200 AUTOP	OR CON	20b. IF Y	ES, WERE	FINDIN	GS USED
CAL CERTIFICATION	gove rise to cause (a), she underlying co PART 2. OTHER S  19a. DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF ETHER, NOTIFY M.)	ny, which mmediate thing the use last.  GNIFICANT CORATION  UNDERLYING	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS C  196 CONDI  216. TIME OF HOUR A./	Irrevers:  R AS A CONSEQUE HYPOTHER  **CHARLER  TION FOR WHICH  FINJURY M. MONTH DA	ible NCE OF MIC AT LAM BUT OPERATION	nd Disseminate NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURI	200 AUTOP	OR CONI	20b. IF Y	EIVEN IN F	FINDIN CAUSES	GS USED OF DEATH
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DHMH - 16 50M 4/83 (VRA 15, 4)

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### FOR STATE DEPARTMEN

ERTIFICATE OF DEATH REG. NO.					
I O HOME IN MITO MENTINE IN OTELLE					
IT OF HEALTH AND MENTAL HYGIENE		and a	-	4	54
STATE OF MARYLAND	9	long.		()	9

	REGISTRAR JOH	N STI	NE TURN	ER	CEKTIF	ICAIE OF DEATH		REG. NO.				
	OR PRINT	FIRST	/	MIDDLE	7717	11-0	2a. DATE	OF DEATH MON		YEAR	2h HOU	R
	10	HN	S	TINE /	UK	NEX		6	27	84	2:3	5 Bu
SEX	(		4 RACE		5. DATE C	OF BIRTH	6. AGE (1	N YEARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER	24 HRS MIN.
VA.	LE	W Let's	WHITE		6/	1/1903	81		YRS.			
	RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIN	MORE CITY OR CO	DUNTY OF	DEATH	-1	
	NNSYLVANIA	,	U.S.A.		WIDOWE	37	PAZ	TIMORI	ECO	DUN	14	MD.
19	TY OR TOWN OF DEA	/тн	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		ORK FOR MOST OF WO		IL KIND O	F BUSINE	SSOR
16	MUSUN		SAINT	JOSEPH	HC	SPITAL		ENTER		SELF	EMPL	OYED
	AL RESIDENCE (IE NURS	ING HOME OR		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREE	T ADDRESS / ZIF	CODE			
MA	RYLAND		IMORE	COCKEYSV		YES NO 📉	615	J CRANBI	ROOK R	OAD 2	21030	
I FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		145	ST.	750
	JAMES		MIDDLE	TAYLOR	3	ANNIE		MIDDLE		UNKN	JOMN	
	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	0113	6145 DRYSS	RANBR	OOK F	ROAD	
( 4	YES	W.W.	I	216.10.7	276	WILLIAM F. T	JRNER	COCKEYS	VILLE	, MD.	. 21	.030
	18 CAUSE OF DEAT	H (Enter or	ly ane cause per	line far (a), (b), and	d (c).)					BETWEEN	IMATE INTER	VAL DE ATH
	PART I. DEATH W		D BY . TE CAUSE (a)	Cardio	oul	monary	ar	rest		mi	n uts	20
H			1	R AS ACONSEQUE	NCE OF	0 1						
	Conditions, if any,	which	(b)_	RESPI	rate	ny tailur	2			4-1	200	
	gove rise to immediate cause (o), stating the DUE TO, OR ASA CONSEQUENCE OF											
	underlying cause	last.	(c)_	Chrow	1c br	ranchitu A	nol o	mphys	ema	1/1e	ars	
	PART 2 OTHER SIGN	IFICANT (	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISE	ASE OR CONDITION	ON GIVEN I	N PART I	0	
0	Corr	man	y athe	croscil	21204	and con	985+	ive hea	int fo	ailur	1	
CA	190 DATE OF OPERA	TION	1 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU		LIFYES, WE			
CERTIFICATION					J-791		YES	NO	YES [	]	NO [	
	210. ACCIDENT WAS UND		110010	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUP	RED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
CAL	(IF EITHER NOTIFY MEDI			Μ.	19		1.0					
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	ARM ETC )	211 LOCATION STREET	16.4	CITY OF TOWN		COUNTY	5	TATE
2	AT WORK AT WO	RK										
	220.1 certify that (1)	(this haspi	tal) ottended th	e deceosed fram_			, ta				that (I) (v	
d	sow the decease above, (1) (we) (c	ed alive an did) (did no	t) view the bady	after death.	. 01	nd that in (my) (our) opinion	death occu	rred on the date o	and have and	d from the	causes sta	ited
	22b. SIGNATURE		1 1- h	- 1		DEGREE	MEDICA	CTAFF		220 DATE	SIGNED	4.
	N.	no	1121	Worth,	MI	ATTENDING PHYSICIAN	DIRECTO		R	6/	291	84
	22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	. ,		22e ADDRESS	1 1	, ,	1			19
	Duz:Annt	in	10/2	monte		St. Vosep	oh H	ospita1				
	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	CEMETERY OR CREMATORY		CATION ITY OR TOWN	eo	UNTY	<	JATE

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

of the certificate has been signed by the attending physicion and completely filled in by the product that the burnel than places remove corbon papers. Pages 1 and 2 should be filled and Americal Hypiene prior to burnel, cremation, or removal.

njury, or ather troumatic event, the medical

MPORTANT: If them 21 is marked or than 78 share

should be detached for use or with the State Dept of Health TO FUNERAL DIRECTOR

> 6/30/1984 CREMATION

GREEN MOUNT CREMATORY

BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 3 184 Julia Davidson Annaell

ATTACK TO THE Mary 12 12 The spread on the property of 23.42 H Lamber to gail when who so in a surround The All Markey and the million with the state of the state of  requires that the deoth certificate be executed within 24 hour

OR ATTENDING PHYSICIAN: The low

O HOSPITAL

retained by the hospital or attending physician.

ı	FOR - STATE REGISTRAR				E OF MARTLAND SEALTH AND MENTAL HYG SCATE OF DEATH	REG. NO	).	4-1	7 3
	DECEASED NAME FIRST	MID	DLE	L	AST	_	MONTH DA		2b. HOUR
	Esther	Helen	Twining			June	26	1984	1:00
3. 3	SEX	4 RACE	95	DATE C		6. AGE (IN YEARS LAST BIRTI		FUNDER I YEAR	HOURS MIN
L	Female	White		9	17 1907	76	YRS.		
, 7a	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	- /
	Baltimore, Md.	U. S.		WIDOWE		BAUM	WE !	M	M M
10.	CITY OR TOWN OF DEATH	11. NAME OF HO			OR OTHER INSTITUTION	126. USUAL OCCUPATION			OF BUSINESS OF
1	Glen Arm. Md.		rford Rd			Acct. Bookl	Geeper	Farm,	Self-Emp
US	BUAL RESIDENCE (IF NURSING HOME B. STATE 136 CO	OR OTHER INSTITUTION, GIUNTY			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ord R	d. 3/6	157
14.	FATHER'S NAME				15. MOTHER'S MAIDEN NA				
	Christian	MIDDLE	Will		Elizabet	h	7	Webber	ST
160	. WAS DECEASED EVER IN U.S.		6b. SOCIAL SECURI	TY NO.	17. INFORMANT		SS	L Harf	ord Rd.
		GIVE WAR OR DATES)	215-42-7	วา เ	Mr. Burton S.	. Twining. (	len A	rm. Md	21057
H	no				III . Dat oon 5				ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU IMMED		CAROLL	FU	MONANY	ALLOST		M	Maz
	Conditions, if ony, which	DUE TO, OR A	UE TO, OR AS A CONSEQUENCE OF AUTEU DUSTA				•	Yŧ	5AV
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A	Dim	CEOF	Anterosc			Y	DM.
200	PART 2. OTHER SIGNIFICAN	O NEPH	MONA	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI			
CENTIFICATION	190. DATE OF OPERATION	196. CONDIT	ON FOR WHICH O	PERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIFY YES		NGS USED S OF DEATH? NO
MEDICAL CE	OR COLUMNIA CHICE OF	DEATH HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT T OR PART 2)	
Ğ	214. INJURY OCCURRED	21e. PLACE OF	INJURY T, FACTORY, OFFICE, FAR	M ETC.)	21f. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
1 3	WHILE NOT WHILE AT WORK	(ATTIOME, STREE	I, PACIONI, OFFICE, FAN	m, c 10.1		, 1.			
	220.1 certify that (I) (this ha	on 012	19_	7.0	nd that in (my) (our) opinion	death occurred on the do	ste and hour	ond from the	that (I). (we) lose couses stated
	22h SIGNATURE	1	MAR		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		6/6	SIGNED A
1	THE PHENE HANS NAME (THE		0+11		22e. ADDRESS	10000	1.	FAU	Houn

BP. DHMH - 16 25M

(VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fivering the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 48 shows ony injury, or other troumotic event, the medical

Buriak

236. BURIAL, CREMATION,

REMOVAL

23b. DATE

6-29-1984

24. FUNERAL DIRECTOR

E.F. Lassahn, 11750Belair Rd. Kingsville, Md. 21000 N 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

Waugh U. Meth. Ch.Cem.

23d LOCATION CITY OF TOWN Green

Arm

Baltimore

Mď.

What to the state of the state

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	in taken W. Hagawilla.	Landen L. Colonia

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

	1	6
other death	A	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral arrest, pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after the please temove carbon papers.	. af Health and Mental Hygiene prior to burial, cremation, ar remaval.	MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical examiner must be notified at an exemple.
TO FUNERAL DII	with the State De	MPORTANT: IF I

FOR STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

8	4	1	5	44	9	4

ı	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.					
1. DECEASED NAME FIRST C			MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
l	MARGARA MARGARA		Le Stourgeon	TYMESON	JUNE	2/ 1984	8:45PM			
ŀ	SEX 4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS			
l	Female	White	June	June 14 pay 1942		YRS MONTHS DAYS	HOURS MIN			
Ī	. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN O	WHAT COUNTRY? 8.	IED A NEVER MARRIED	9. BALTIMORE CITY OR C					
ı	Virginia	US	A WIDOV		Baltimore	County,	MD.			
t	O. CITY OR TOWN OF DEA		HOSPITAL NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12h KIND OF BUSINESS (					
I	Baynesville	Valle	y View Nursi	ng Home	Asst. to Director Education					
t	USUAL RESIDENCE (# NURS	ING HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE ADMISSION		Addmission	Apt. 303#				
	Maryland Baltimore		Timonium   13d. Inside city limits?		98 E. Padonia Road, 21093					
ı	4. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	2,0				
1	Charles	WIDDLE	LeStourgeon	Mary	Pearl	Quigle	≥ V			
t	60 WAS DÉCEASED EVER									
ŀ	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	578-44-7007	Clyde N. Ty	meson, 98E.	Padonia Ro	1. 21093			
f	18 CAUSE OF DEAT									
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  The unique of the country of t							MATE INTERVAL ONSET AND DEATH			
ı			OR AS A GONSEQUENCE OF	1. 0	1 1					
ı	Conditions, if any,	2/9								
l	gave rise to imr	mediate			The state of the s					
ı	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
ı	PART 2. OTHER SIGN	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH BE	IT NOT REMATED TO THE TERM	Made DISEASE OR CONDITI	ION-GIVEN IN PART 1/2	21			
		The state of the s	in Al	mal Sibil	Patron &	leizung				
	THE DATE OF OPERA	41	DITION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED					
	THE DATE OF OPERA				YES I'I NOT	YES IT	OF DEATH?			
	21a. ACCIDENT WAS UNDERTING   71h. TIME O				RED (ENTER NATURE OF HUMET IN	THE TREMETO DEFERT OF				
I	The concrete time of the property of the HOUR A		M. MONTH DAY YEAR							
ı	2 Contracting the second secon		OF INJURY 711 LOCATION		502500-30					
ı	WHILE OF SOUTH OF STREET		BET, FACTORY, OFFICE, FARM, ETC.)		CITY ON TOWN	COUNTY	STATE			
ı			he declared from a 5	1.30/1085	1 6/2	1/ 10/4	that I'll Labor Sout			
1	22s.1 certify that (1) (this beginning affected the declased from									
l	above, (f) (we) dide (did not) view the body of the death.  27h SIGNATURE 17h DATE SIGNATURE									
ı	ATTENDING JAMENTAL STAFF 6/2									
1	224 PHYSICIAN'S NA	Jan III		/ Ite ADDRESS	DIRECTOR PHYSICIAN	0 10/2	70/			
ı	VUDNG	Ballatu	121206							
ŧ	12a BUDIAL CREALATION	DEMOVAL TOUR	I 22. NAME OF	CENTIEDY OD COTH (700)	1234, LOCATION	5,0010.0				
1	30. BURIAL, CREMATION, (SPECIFY) Burial			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE			
1	Timonium, Batto, Co.,									
П	NAME	marks 20	ELWS ON ADDRESS	41093		willandson-R	1 0 00			
1	Martin D. 1	lawson, 10	w. Padonia R	oad, Timohiun	n 4 0 1304	1				

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5	1 - :	OR STATE REGISTRAR	DEPARTMENT OF HEA MEDICAL EXAMINER'			3 4 7 3
70_	1. DEC	EASED NAME FIRST	B. MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
THE SAME		JUSSPHINE	MUNDERLA	two.	DEATH MATED	19 M
	3. SEX	V	Mar. 17,1908 76 YRS.	F UNDER 1 YR. IF UNDER 2	MIN PRONOUNCED JUI	VE 4 1984 85 M
SERVICE SERVIC	FOI	RTHPLACE (STATE OR TEIGH COUNTRY)		ARRIED   NEVER MARRIE		
PAGE 5	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9606 Ninth Ave.		12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)  Clerk	1112
ANY DE AND 3 T RETAIN HOULD E RECORD	13a S1	L RESIDENCE (IF IN NURSING HOME OF ATE 13b. COUNT Balt:	rother institution, give residence before admission) Y Indian City or town Carney	13d. INSIDE CITY LIMITS?	9606 Ninth A	- 0 - 1
H. F. 7. 2. 7. 3. 0. 2. S. F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		TPAL
A PANE		(unknown)	Lutkewicz	Ida	atherine ALDRES	(Unknown)
AFTER SIVE PA TH FOR VISION	16a: V	AS DECEASED EVER IN U.S. ARM S NO, OR UNKNOWN) (IF YES, GIVE W	214-24-7180	William :	E. Underland	N.J. 08225
A 1B. C A 1B. C MIT. P		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per in for (g), (b) and (c).) BY: E CAUSE (a)	LEROTU	CARDIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A 124 H A 1TE/ A 1TE/ T PER YGIEI	9	4292 IMMEDIATI	DUBTO, OR AS A CONSEQUENCE OF		111	
VITHII VCIL II INER SANS TAL H		Canditians, if any, which gave rise ta immediate	(D)	or bust	475	
CUTED V IN PEN EXAM RIAL-TI ID MEN		cause (a) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
BE EXECUTION OF THE PROPERTY O	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING <u>10 DEATH</u> BUT NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART	T 1 (a)-	
NOULD NO WER WHIEF MAN USED A DF HEAD OF HEAD	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
IFICATE SE THE WOLD TO THE OPPORT OF TO BU	CAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	E HOW INJURY OCCURRED	) LENTER NATURE OF INJURY IN ITEM 18 PAR	
WRITING WRITING WRITING ARE 3 SH ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
CATE, TORE PORW			r.Y	utopsy , Inspection		n my opinian
ERTIFIED BE		death resulted from Nature	Accident , Suicide	TITLE (SPECIEY)	Undetermined monner,	h
A STATE	1	ACTUAL SIGNATURE JIM	mera	M.D. DEPUT	MEDICAL EXAMINER	DATE SIGNED UNE 4,84
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE AFTER DE/ BALTIMOR		EXAMINER'S NAME ()	ULF GUERIN	_ADDRESS_13/	I WESTERH	ENDZIO30
BP BP	(5		une7,1984 Moreland	Mem. Pk.	Parkville, B	alto., Md.
DHMH - 17	2 R	BERTECER ALTE	NBURG FUNERAL HOME	INC . 250. DATE R	EC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
(VR A15 ME (5)) 20M 4/82	60	Hartord Ro	d., Balto., Md. 2]	L214 JUN	0 1984	the stantant and the territory

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral directly should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical

### STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

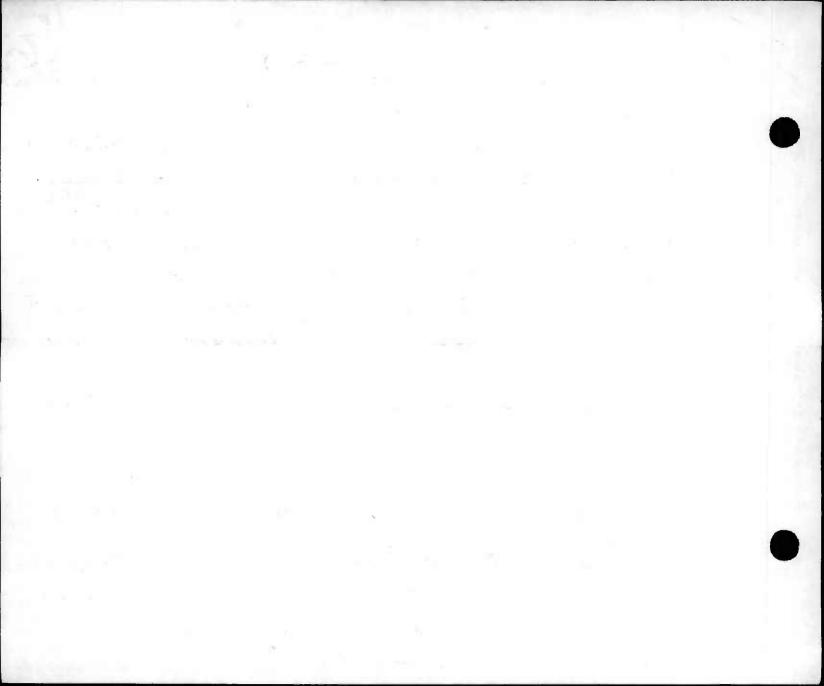
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-1	REGISTRAR		CERTIFICATE OF PEATIT	REG. NO.	
1	1 DECEASED NAME FIRST	WIDDLE	LAST (DOUGHERTY	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	(TYPE OR PRINT) RUBY	5-	VINC 3 K	JUNE 19	1984 4 35 M
ı	3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ı	FEMALS	WHITS	FIB 2 1911	YRS	
7	70. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
	VIRGINA	U.S.A-	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALT: MORZ	County MD.
9	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING OF NOT IN SUCH FACILITY, GIVE STREET A	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LII	126 KIND OF BUSINESS OR FE) INDUSTRY
4	TARKVILL	3317 EXAS	AVS.	CLAIME CLRK	Sor Al Sic.
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUL		ADMISSION)  N 13d INSIDE CITY LIMITS?  YES  NO	13e STREET ADDRESS / ZIP CODE	21234 2 AV
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE .	[AST
Н	Amos Run	NYAD HITT	SARAH	CATHERIOS	FILKS
٦	160 WAS DECEASED EVER IN U.S. AF		RITY NO. 17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 51910 C	SER FAMILY	RECORDS	
1	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	TE CAUSE (0) My 0 4	ardiel ugar	etton	muntes
1		DUE TO, OR AS A CONSEQUE	ended ugar Cor heart d		
1	Conditions, if ony, which	( Sewel	Car heart &	is earl	15 yrs.
1	gave rise to immediate couse (a), stating the	Source on as a source out			
	underlying couse last	DUE TO, OR AS A CONSEQUE	INCE OF		•
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GO	/EN IN PART I to
	D. Ploxe	o well ten.	L.V. aneurys	" PAVO RO	cent CVA.
4	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
7	SE				FYING CAUSES OF DEATH?
Н	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21t HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 1	
	00.00.00.00.00.00	HOUR A.M. MONTH DA			
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PŁACE OF INJURY	211 LOCATION		
	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE F.		CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		10/ 1076	114	CU A
	sow the deceased always	sital) attended the deceased from	011	death occurred on the date and hou	19_89_, that (1) (we) last
-	obove (f) (we) (did) (did no	ot) view the body ofter death.	toon opinion	death accorded on the gate and hac	
	22b. SIGNATURE	8 h A	ATTENDING	MEDICAL STAFF	224 DATE SIGNED
1	allan s	J' Juston	PHYSICIAN D	DIRECTOR PHYSICIAN	7100 91 123H
7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
	14 11 au >	· Pristoop	2724 N.	Charles St	L. 21218
	230 BURIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BURIFIL	JUNS 22 1994 CH	ISSTALT RIOLS FARM	CULPSPER	VIKGIAIA
	24 FUNERAL DIRECTOR		8800 25a DAT	E REC'D. BY REGISTRAR 25% REGIS	The state of the s
	EVANS CHAPS	OF PSTOR	TARFORD ROAD .JU	IN 2 9 1984 / Leilaux	belief the first

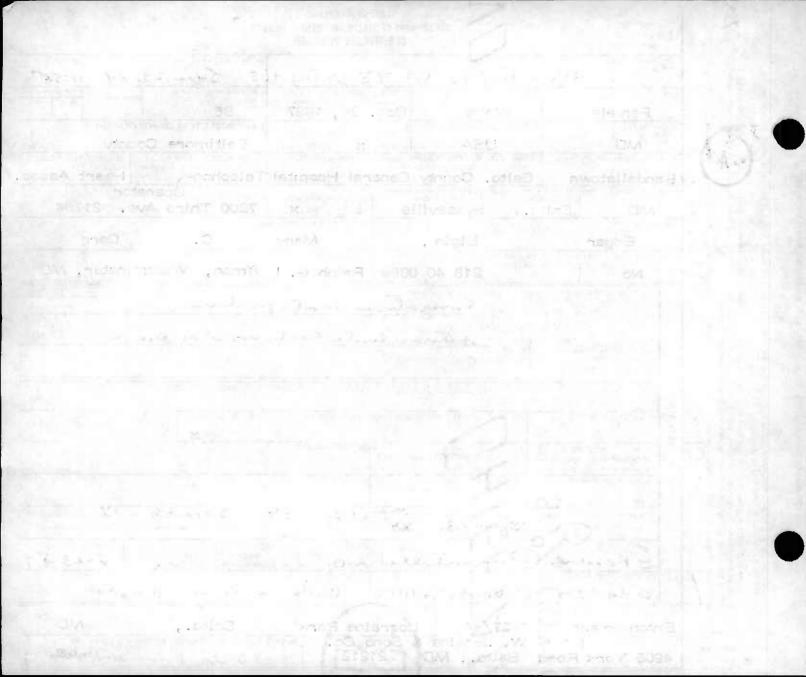
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	1-	FOR STATE REGISTRAR		DEPARTN	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	DEATH	REG. N		<b>3</b> 4	
		CEASED NAME FIRE		DDLE	LAST	20.	-	MONTH D	AY YEAR	26 HOUR
			RGARET	A. VA	ANTREASE			23/		1156
	3 SEX		4. RACE		5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	HOURS
-	1	Female	Whi		Dec. 24,	1897	86	YRS.		
SI		RTHPLACE (STATE OR FOREIG OUNTRY)	76. CITIZEN OF W		MARRIED NEVER	MARRIED   9.	Baltimore city o		unty	
		andallstown	(IF NOT IN SUCH	FACILITY, GIVE STREET	G HOME OR OTHER INS ADDRESS) General Ho	(1)	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE	126. KIND C INDUSTRY Hear	
25		The state of the s	ONE OR OTHER INSTITUTION, G		ADMISSION) N 13d. INSIDE (	ITY LIMITS? 130	STREET ADDRESS	opera		1784
- Junio	JA. FA	THER'S NAME FIRST Edgar	WIDOLE	Elgin,		S MAIDEN NAME	WIDDLE		Deri	ST C
2 Ledicole		AS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SECU 218 40 (			ADDRE		inster	, M
umotic ev				AS A CONSEQUE	NCE OF	Cordio	rosular	dina	2	
s ony injury, ar ather traumotic ev	ICATION	Conditions, if any, whi	ch (b) the he DUE TO, OR St. (c) ANT CONDITIONS CO	A There	nce of		20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USE
18 shaws any injury, ar other	L CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse (o), stating to underlying couse to PART 2. OTHER SIGNIFIC	DUE TO, OR  the he bustonests.  ANT CONDITIONS CO.  19b. CONDIT	A Mero AS A CONSEQUE NTRIBUTING TO E	DEATH BUT NOT RELATED OPERATION WAS PERFO	DRMED		20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USE
shaws any injury, ar ather	MEDICAL CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse (o), stating to underlying couse to PART 2. OTHER SIGNIFIC 19th. DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING.	DUE TO, OR  the he st.  ANT CONDITIONS CO.  19b. CONDIT  NG	A MELONAL AS A CONSEQUE NTRIBUTING TO DE LON FOR WHICH	OPERATION WAS PERFO	DRMED NJURY OCCURRED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USE OF DEA NO [
21 is marked or them 18 shows any injury, ar ather		Conditions, if ony, whi gove rise to immedicuse (a), stating to underlying couse lo underlying couse lo PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX SOW the decessed of the country of	DUE TO, OR  the he be	A A CONSEQUE  NTRIBUTING TO DE  ION FOR WHICH  INJURY  A. MONTH DA  A. MONTH DA  A. MONTH DA  A. GERNALD OF INJURY  GET, FACTORY, OFFICE, F  deceosed from  23, 19	OPERATION WAS PERFORM  AY YEAR  19  ARM. ETC.)  211: LOCATI STREE	ORMED  NJURY OCCURRED	20g AUTOPSY?  YES NO (A ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  TRI I OR PART 2)  COUNTY  Ond from the	NGS USE 6 OF DEA NO [
If them 21 is marked or them 18 shows ony injury, or other		Conditions, if ony, whi gove rise to immedicuse (a), stating to underlying couse lo underlying couse lo PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX Sow the deceased obove, (i) (we) (did) (22). SIGNATURE	DUE TO, OR  the he be	A A CONSEQUE  NTRIBUTING TO DE  ION FOR WHICH  INJURY  A. MONTH DA  A. MONTH DA  A. MONTH DA  A. GERNALD OF INJURY  GET, FACTORY, OFFICE, F  deceosed from  23, 19	OPERATION WAS PERFORM  AY YEAR  19  21f. HOW IN  STREE  ARM. ETC.)  DEGREE	ON 1 (our) opinion deor	20g AUTOPSY?  YES NO (A ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES YES IN ITEM 18 PA	WERE FINDING CAUSES  COUNTY  Ond from the	NGS USEI S OF DEAL NO [
21 is marked or them 18 shows any injury, ar ather		Conditions, if ony, whi gove rise to immedicuse (a), stating to underlying couse lo underlying couse lo PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALEX SOW the decessed of the country of	DUE TO, OR  the he body control of the body control of	A A CONSEQUE  NTRIBUTING TO DE  ION FOR WHICH  INJURY  A. MONTH DA  OF INJURY  ET, FACTORY, OFFICE, F  deceosed from  A 19  ofter deoth.	OPERATION WAS PERFORM  AY YEAR  19  21f. LOCATI STREE  22e. ADDRE	ON TO STEEL ON THE	200 AUTOPSY?  YES NO CITY OR IC  TO CITY OR IC	20b. IF YES, IN CERTIFY YES YES IN ITEM 18 PA	WERE FINDING CAUSES  COUNTY  Ond from the	NGS USED OF DEAT NO  that (1) (v



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH YEAR 2b. HOUR . DECEASED NAME EIRST MIDDLE (TYPE OR PRINT) 22 REGINA WARD 84 11:30 L. 06 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4. RACE 3. SEX MONTH DAY YEAR 25 95 WHITE 01 89 FEMALE BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED ANEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY DIVORCED [ WIDOWED X 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CATONSVILLE SUMMIT NURSING HOME HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE ARBUTUS NO 😿 1252 POPLAR AVENUE. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST MIDDLE FIRST MEINEKE **MEYERS** OSCAR ELIZABETH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1252 POPLAR AVENUE. NO 220-36-7467 MARIE G. MACHIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o leay .. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE PART 2 OTHER SIGNIFICANT CONDITIONS 1860 -PECAT 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [] NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF LOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED DEGREE STAFF ATTENDING MEDICAL 6/23/84 DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 06-26-84 CATION

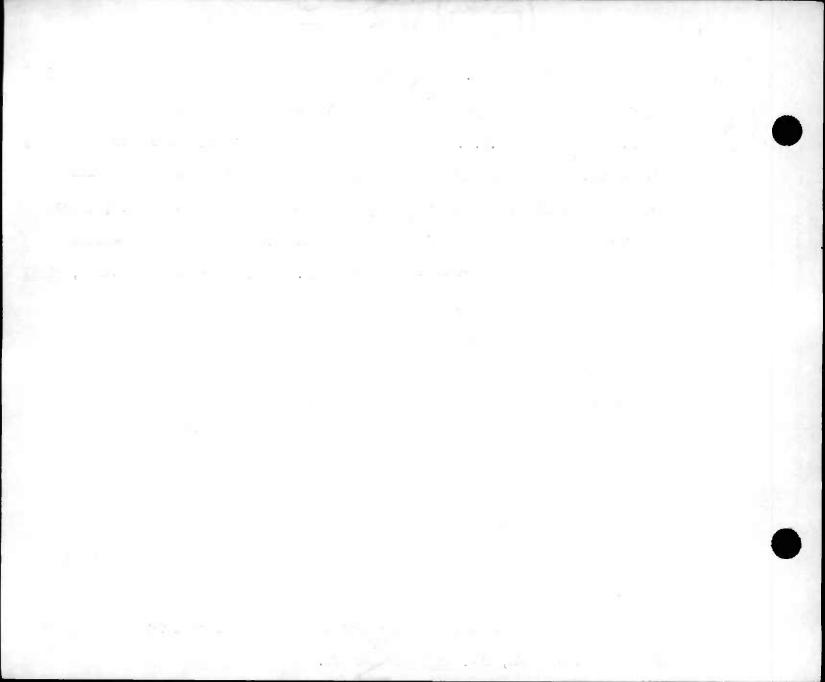
BALTIMORE CITY

23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL CITY OR TOWN (SPECIFY)

NEW CATHEDRAL

24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate Le executed within 24 hours offer de	retained by the haspital or attending physician.
	7	0

		FOR STATE REGISTRAR				OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 4	7 7
		CEASED NAME ORPRINT)	FIRST	MIDDLE		Ü	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
			Lee .	Willi			VARREN	June 15	. 1984		2:35P
	1. SE)		4 RA		5	5. DATE O		6 AGE (IN YEARS LAST BIR	MC MC	UNDER I YEAR	HOURS I
	1	Male		Black		4	9 1928	56	YRS		
35	(	RTHPLACE (STATE OR FO OUNTRY) Maryland		U. S. A.		MARRIEE WIDOWE	NEVER MARRIED DIVORCED DIVORCED	Baltimo	re Cour	nty	
1		TY OR TOWN OF DEAT	./ 0	NAME OF HOSPITAL IF NOT IN SUCH FACILITY, ranklin S	GIVE STREET ADD	DRESS)	ROTHER INSTITUTION	17a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY	U S
35	USUA 13a. S	AL RESIDENCE OF NURSAN		INSTITUTION, GIVE RESIDE			13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . Dorsey, Ma	ZIP CODE 7	7117 W	right
20	14. FA	THER'S NAME FIRST <b>Grant</b>	MIDDLE E.		arren		15. MOTHER'S MAIDEN NAME FIRST Rachel	ME MIDDLE		Matt	si hews
0		AS DECEASED EVER I			TAL SECURIT	ITY NO.	17 INFORMANT	AP GR	17 Wrig		
1	1 "	YES, NO OR UNKNOWN)	Korea		-24-82	229	Virginia I. W		ltimore		
her troumofic event, th		Canditions, if any, gove rise to immo cause (a), stating	which ediote the	USE (0) CATOLO DUE TO, OR AS A CO	onsequent e Infe	nary ce of erior	Arrest-Electi Di Myocardial	issociation	cal .	BETWEEN	KIMATE INTERVA ONSET AND DE
ony injury, or other	IFICATION	Canditions, if any, gove rise to imme cause (a), stating underlying cause	which ediote the last.	USE (0) CAPTOLO  DUE TO, OR AS A CO  (b) Acut  DUE TO, OR AS A CO  (c) (c)	ONSEQUENCE INFE	nary HCE OF HCE OF	Di	INSOCIATION Infarction INAL DISEASE OR CON 200 AUTOPSY?	IDITION GIVEN  206. IF YES, IN CERTIFYI	WERE FINDING CAUSES	INGS USED S OF DEATH?
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N tter 2 Sons 101 Gwynns Falls Farm by Luneral House in . E. Ltimore, Far Lune 71216

STATE OF MARYL	AND
DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0	4		2	-0	U	-
CERTIFICATE OF DEATH		REG. NO.					

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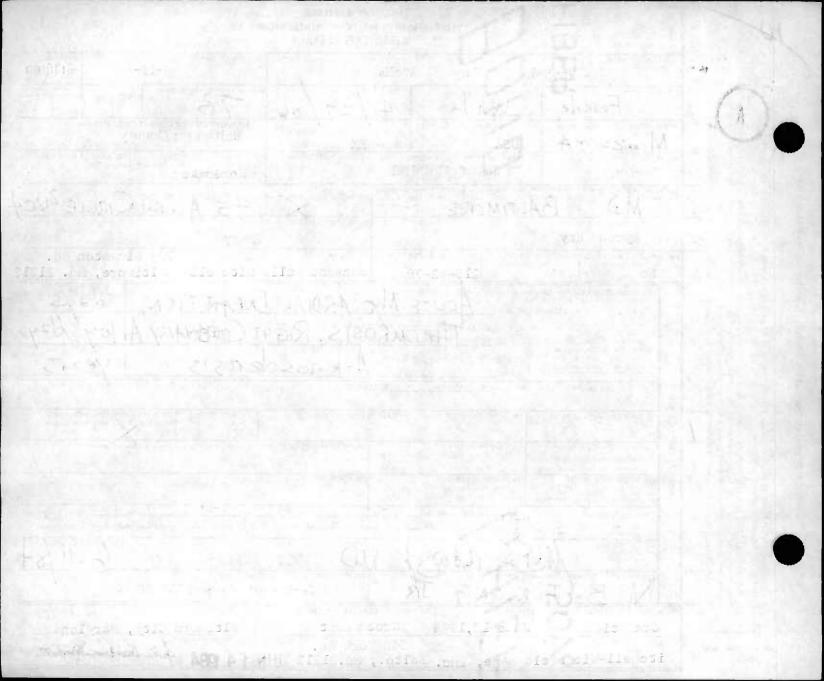
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Mitchell-Wiedefeld Home 6500 York Road 21212

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rinjury, or other troumotic eve	rion	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM			12 d2
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If Rem 21 is m		22a. I certify that A (this has sow the deceased alive a above. (I) (we) (did) (XXX) 22b. SIGNATURE	ontol) of templed the decessed from 6. 19. 84	., and that in Xmy) (our) opinion  DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	221.90	—, that (1) (we) lithe couses stated
IMPORTANT:		PHYSICIAN'S NAME ITYPE	URLONG JR		oad Towson I	Md 21204	1
		urial, cremation, remova specify) Cremation	June 12,1984 G1	reenmount	23d LOCATION CHYOR TOWN Baltimore		ryland
/83		NERAL DIRECTOR  Chell-Wiedefe	ADDRESS 6500	I OLK KU.	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	



# led plog C puo Poges 00 bee per urial-transit | certificate the bud DIRECTOR:

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH HINOM DAY YEAR 7h HOUR FIRST Doris Wendelken June 3 1984 Ann 6. AGE LIN YEARS LAST BIRTHOAYS IF UNDER TYEAR 4 RACE DAY5 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RANKILIA AIR CRAST USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MIDDLERIVER 14. FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. 6h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest: Subendocardial AMMEDIATE CAUSE (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Chronic Renal Failure Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOY NO [ YES T

19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

226.1 certify that (this hospital) attended the deceased from the deceased glive an June 3 та v 10 84 to June that W (we) lost 84 sow the deceased alive on June 3 above, (we) (did) (control) view the body after death. and that in (n) (our) apinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 27/ DATE SIGNE ATTENDING MEDICAL STAFF

22d PHYSICIAN'S NAME (TYPE OF PRINT)

9000 Franklin Square Drive

DIRECTOR PHYSICIAN

Isabel Rodriguez, M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

EDEEMER

STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

CERTIFICATION

MEDICAL

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**ADDRESS** CONNELLY 300

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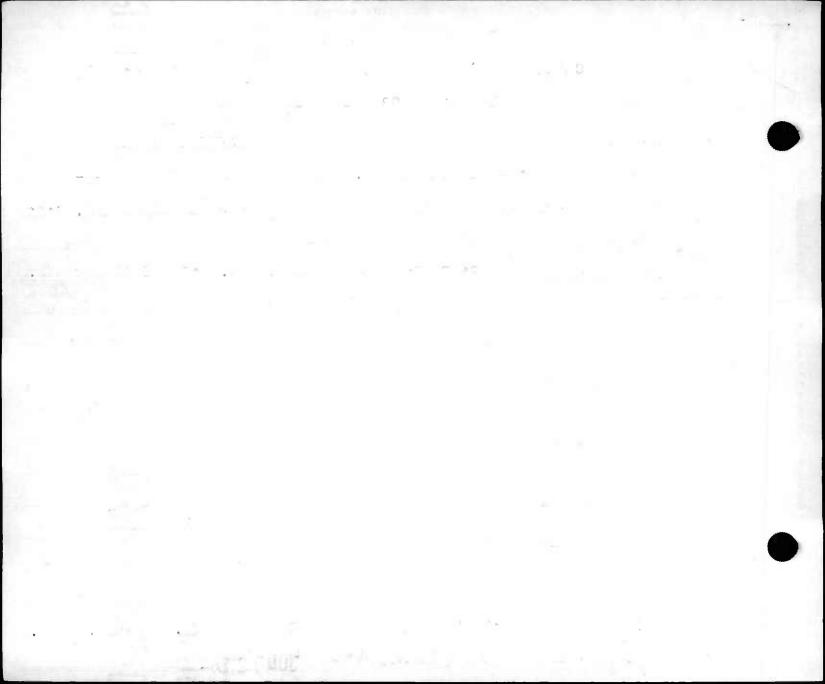
250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Ph Emilian Sa - Oct 1 BALTE SHITERING WELL REPORTED TO JOHN J. HUGHES MATRERMEN LYMEN The state of the same of the s BURNEL "SORT HOLL LEDGERIER SHITTE ALL

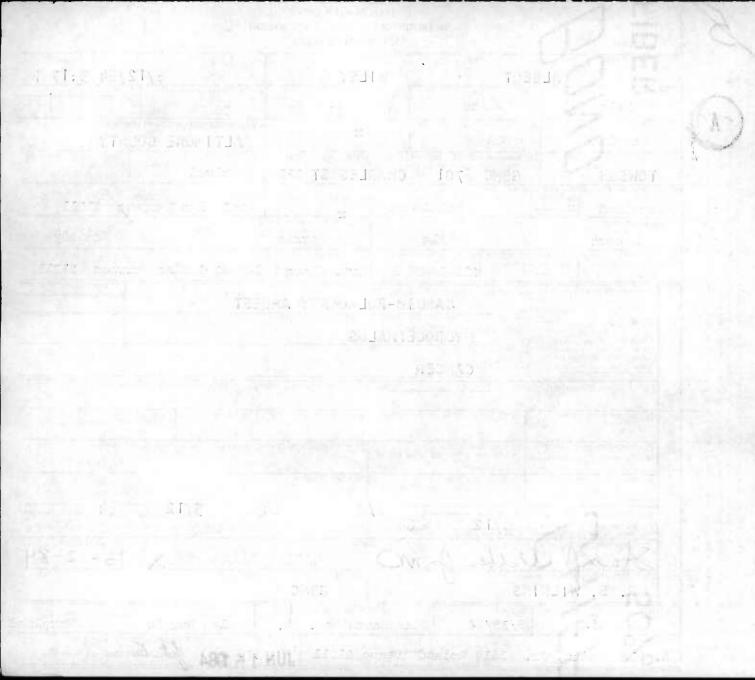
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO APPOLE LAST DECEASED NAME FIRST 2n DATE OF DEATH YEAR 2h HOUR CLARA (TYPE OR PRINT) WELSCH 06 IF UNDER LYFAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) FEMALE CAUCASIAN YEAR MONTHS DAYS 29 **BALTIMORE CITY OR COUNTY OF DEATH** IN. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY USA MARYLAND BALTIMORE COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 8106 PINECREST ROSEDALE HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13: CITY OR TOWN 13e STREET ADDRESS \$136 INSIDE CITY LIMITS? BALTIMORE ROSEDALE 8106 PINECREST 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N AN IDDIE ALPHONSE SCHAFER HUGHES 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216287087 WELSCH SR. 8106 PINECREST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (D). DUE TO OR AS A CONSEQUENCE OF gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION n on e I DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES [ NO I Нув 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 228.1 certify that (III (this hospital) attended the deceased from sow the deceased olive as and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 776 SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 274 PHYSICIAN'S NAME LITTLE OF PRINT 22e ADDRESS cenherz 0 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION STATE CITY OF TOWN COUNTY GARDENS OF FAITH BALTO BALTO MD

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78



) 1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 4
	CEASED NAME FIRST E OR PRINT)	REDT E.	LAST		HOUR
		DEKI	WILEY	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UP	INDER 24 H
3. SE	Male	White	5. DATE OF BIRTH MONTH DAY YEAR 8 21 07	76 YRS.	
79.8	PRTHPLACE   STATE OR FOREIGN COUNTRY)  Maryland	7b. CITIZEN OF WHAT COUNTR USA	Y? 8.  MARRIED X NEVER MARRIED  WIDOWED DIVORCED	BALT IMORE COUNTY  BALT IMORE COUNTY	
7 10 C	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION  SET ADDRESS)  N CHARLES ST 212	120. USUAL OCCUPATION (1YPEOF WORK FOR MOST OF WORKING LIFE) RETIRED  120. USUAL OCCUPATION (INDUSTRY)	SINESS
130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEI NTY 136. CITY OR TO Balti	OWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4201 Elsa Terrace 21211	1
O) H. F.	ATHER'S NAME FIRST Robert	MIDDLE Wile	is mother's maiden n Carrie	MIDDLE Kenned	dy
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 215-18-		ADDRESS Wiley 4201 Elsa Terrace 21	121:
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause lost.  PART 2 OTHER SIGNIFICANT (		DUENCE OF	200. AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
ER THE				YES NO YES NO	10 🔲
7 /	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)	
5/ 9	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN COUNTY	STA
n 21 is marked	saw the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from 6/12 15	2_84, and that in (my) (our) apinic	n death occurred on the date and hour and from the cause	
APORTANT: If Hen	224 PHYSICIAN'S NAME (TYPE C	wilk of	DEGREE ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 6-12	
b /	DR. S. WILK	INS	GBMC		
	BURIAL, CREMATION, REMOVAL	23b. DATE 2	NAME OF CEMETERY OR CREMATOR	123d LOCATION	



REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

U	III	REG.	NO.						
2 a	DATE	KNOWN ESTI-	XX	MONTH	DAY	Т	YEAR	2b	HC
		MATED		6-6		19	84		
_				11 On 1711	0.11		1000 100	100	_

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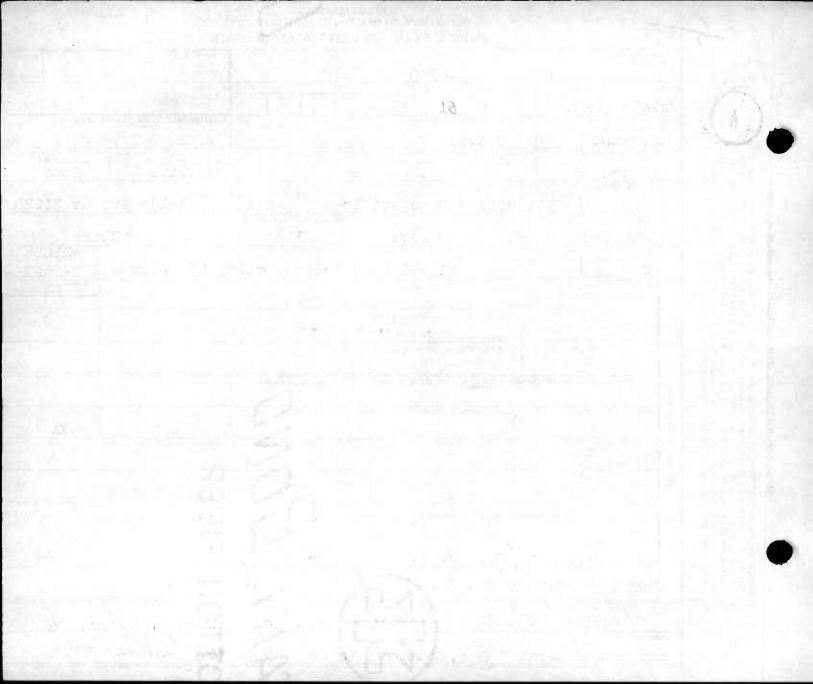
		EASED NAM	E FIRST		WIDDLE		LAST			20 DATE N	киомихх	MONTH DA	AY YEAR	26 HOUR
	(TYPE	OR PRINT)	Bonit	ta	L.ynn	Wi	ley			OF.	MATED [	6-6	1984	
	1. SEX		4 RACE	5. DATE OF BIRTH		N YEARS IF UN	DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE	CED	MONTH D	AY YEAR	2d HOUR
	Fet	hale	Cau.	10 9		YRS.	HS DAYS	HOURS	MIN	PRONOUN DEAD	CED	6-6	1984	4:50 A
1		RTHPLACE (5	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED K NEV	VER MARR	RIED 🗆	9. BALTIM	ORE CITY OF	R COUNTY O	F DEATH	
2	Ma	aryla	nd	U.S.A	A .	WIDOW	/ED 🗆	DIVOR	CED 🗆	Balt	imore (	County	,	MD
Y	10 CI	Y OR TOWN	OF DEATH		PITAL, NURSING HO		ER INSTITUT	TION		JAL OCCUP MOST OF WORK	ATION (TYPE (	OF WORK 12b	OR INDUST	
1		atonsv		15 In	gleside <i>F</i>	Avenue				louse			Home	9
7	13a. ST	ATE	13b COUN	OR OTHER INSTITUTION, GIVE	13c. CITY OR TOW		13d. INSIDE CI	ITY LIMITS?	13e STR	EET ADDRES	ss .			
	_	Md.		Ltimore	Catons	ville					lside	Aven	ue 2:	1228
1/	14. FA	THER'S NAMI		MIDDLE	LAST			MRST		MI	DDLE		LAST	
U		Char		R.	Grove		E.	llen	1		E.	Cla		0.00
	(YE	S, NO, OR UNKNO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECU		-			0.0	ADDRESS			228
-		No			218-20-		Toph	Α.	MITE	y 23	Melr	ose A		Apt 1
		18 CAUSE C		ly ane cause per line f									APPROXIMAT BETWEEN ONSE	
-		9/2	5// IMMEDIAT	TE CAUSE (a)M			Woun	ds						
		100	74	DUE TO, OR A	AS A CONSEQUEN	CE OF								
			ns, if any, which se to immediate	(b)										
		cause (a lying cau	) stating the <u>under</u> -	DUE TO, OR A	AS A CONSEQUEN	CE OF								
	111	lying co.	350 1031.	(c)										
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION	A GIVEN IN PA	ART 1 (a),					
	MEDICAL CERTIFICATION													
	CAI	19a. DATE OF	OPERATION	196 CONDITI	ION FOR WHICH O	PERATION W	AS PERFOR	MED?				2	0 AUTOPSY	
	TIF												YES XX	NO 🗌
1	B	UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY Y	EAR				NATURE OF INJ	URY IN ITEM 18 PA	ART 1 OR PART 2)		
9	CAI	CONTRIBUTI	NG CAUSE OF I				bject	was	shot					
	AED	21d INJURY O			OF INJURY (AT HOME DRY, FARM, ETC.)	1 9	CATION			CITY OR FOW	VN.	COUNTY		STATE
	_	AT WORK	AT WORK	X	yard	15	5 Ingl	eside	e Ave	. Cat	onsvil	le,Bal	.to.Co	.,Md.
		22a   cert	ify that I taak charg	ge of the remains desc	ribed abave, held c	n Autop	sy XX.	Inspectio	an .	Inquiry	and	d in my apinia	in	
		death result	ted fram: Natur	ral causes .	Accident .	Suicide		ide X	Undet	ermined ma	nner .			
			11	101	1/			PECIFY)						
		ACTUAL SIGNATURE	Moulo	to I me	Myll	M	. Assi		t MED	ICAL EXAM	INFR	DATE SIGNED_	6-6-	84
1		Walter Goodle		000	. 11							0.07.20		
1		EXAMINER'S (TYPE OR PRI	NAME MA	rgarita A.	. Korell,	M . 1).	ADDRESS_	2	TII F	Penn S	treet			
	230.BL	JRIAL, CREMA	TION, REMOVAL 2		23c. NAME OF	CEMETERY C	RCREMATO	ORY	23d. LC	OCATION OR TOWN		COUNTY	9	TATE
	13	Bı	urial	6-9-84	Meadow	ridge			. I	Elkri	dge,	Howar	d Me	
	24 FU	NERAL DIREC	TOR	ADDRESS				25a. DATE	REC'D. BY	REGISTRA	R 256. REGIS	STRAR'S SIGN	ATURE	
	IV		b Funer	al H OMF	. Caton	svill	e Md	-111N	A	1084	Julia Do	avidson-l	English	

Funeral H OME,

Catonsville

BP\_ **DHMH - 17** (VR A15 ME (5)) 20M 4/82

Mac Nabb



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TEST OF CHANGOUND   (#YES, GIVE WAR OR DATES)   218-52-2697   Harold N. Wiley, White Hall, Maryland   APPROXIMATE FAILURE   APPROXIMATE FAILU	-		1 -	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	REG. NO.	-	5 .	0	6
Sex	1								<b></b>	2a DATE O				1	UR O DNA
Female White Follows   15 CHIZNO OF WHAT COUNTRY   15 CHIZNO OF WHAT COUNTRY OF WHAT COUNTRY   15 CHIZNO OF WHAT COUNTRY OF WHAT COUNTRY   15 CHIZNO OF WHAT COUNTRY OF WHAT COUNTRY OF WHAT COUNTRY   15 CHIZNO OF WHAT COUNTRY O	A )		3. SE	(		4 RACE	5.			6. AGE (IN					R 24 HRS.
PART   COLOR SIGN OF CONTROL   DIE CONTROL ON WHAT COUNTRY   MARRIED   NEVER	~		. 50					MONTH	OAY YEAR	88		VPS	MONTHS DAYS	HOURS	MIN,
New York   USA	hour Ce.	10	∂a. BI	RTHPLACE ISTATE OR	FOREIGN			2Y2 R			ORE CITY OR		Y OF DEATH		
JUSIAN RESIDENCE (# NARSHACHOW OF CITE MANTHONING FOR PROVIDED TO THE MANTHONING FOR PROVIDE TO THE MANTHONING FOR PROVIDED TO THE MANTHONING FOR PROVIDED	m 72	2Z				-		WIDOWE	D DIVORCED						MD.
TISSUAL RESIDENCE (# MARSHAD COUNTY   134 CO	The with	1			ATH	11. NAME OF 1	HOSPITAL, NUR THE FACILITY, GIVE STR  N . CHA	SING HOME C	G.B.M.C.	TYPE OF WO	RK FOR MOST OF		IFE) INDUSTRY		ESS OR
It fathers name   It fathers	and by the second	6	13g S	TATE	136 COUN	TY /	GIVE RESIDENCE BEE	OWN	13d. INSIDE CITY LIMITS?					2/1	161
Section   Conditions   Condit	and 2 and 2 stands	20	14. FA	E (DCT	٨		Schuri		FIRST	ME	MIDDLE				
SECULATION   PART   DEATH   Enter only one course per line for (o), (b), and (c)	ges - G	7					0.0						17.5		
BE CAUSE OF DEATH-Enter only one couse per line for 10, 15), and IC-D.  INTRACTIBLE CONGESTIVE HEART FAILURE  IMMEDIATE CAUSE 10)  INTRACTIBLE CONGESTIVE HEART FAILURE  IMMEDIATE CAUSE 10, and IC-D.  ATRIAL FIBRILLATION  DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE  DUE TO, OR AS A CONSEQUENCE OF INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY2  206. BUTOPSY2  207. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCORDINATION CAUSE OF DEATH?  198. IN JURY OCCURRED  210. ACCORDINATION CAUSE OF PRIJURY  198. IN JURY OCCURRED  210. ACCORDINATION CAUSE OF PRIJURY  211. HOME SHELL PACIONS, OFFICE, FARM, ETC.)  212. LOCATION  213. IN JURY OCCURRED  214. HOME SHELL PACIONS, OFFICE, FARM, ETC.)  215. SIGNATURE  216. PAYSICIAN'S NAME (TYPE OR PRIPH)  217. ADDRESS OF DEATH?  218. PART 10 OF 1N JURY  218. PART 10 OF 1N JURY  219. DATE SIGNED  219	S. Po	John		No			218-52	2-2697	Harold N. L	diley,	White	e Ha.			
TO BE A SECOND TO BE	Then please to buriof, cr niury, or oth		NOI	gove rise to im couse (0), state underlying couse PART 2 OTHER SIG	mediate ng the e last NIFICANT C	(c) ONDITIONS <u>C</u>	R AS A CONSEC I SCH ONTRIBUTING T	EMIC A	ND VALVULA	AINAL DISEA	SE OR COND	ITION GI	IVEN IN PART 1		
OR CONTRIBUTING CAUSE OF DEATH    HOUR A.M. MONTH DAY TEAR   19	has be t permit	4	TIFICA	19a DATE OF OPERA	TION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED			IN CERT	IFYING CAUSE	S OF DEA	TH?
The state of the s	ertificate ial-trons ntal Hyg em 18 st	9		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	HTMOM .M.		21c. HOW INJURY OCCUR	RED (ENTERN	FAURE OF INJURY	IN ITEM 18	PART I OR PART 2}		
Sow the deceosed olive on O6/22 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (I) (we) (Idid) (Idid not) view the body after death.    276   SIGNATURE   Raymon & A. N.		/	MEDIC	WHILE I NOI W	HILE 🗆			CE, FARM ETC )	211 LOCATION STREET		CITY OR TOW	N	COUNTY		STATE
236. BURIAL, CREMATION, REMOVAL TIM DATE 1236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN Urial 6/26/1984 Bythel Presby. Cem. White Hall. Harford. Maryla				220 I certify that (I saw the decea above, (I) (we)	) (this hospit sed alive on (did) (did not	ol) attended th	06/22	84_, or				-	, , ,		` '
236. BURIAL, CREMATION, REMOVAL TIM DATE 1236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN Urial 6/26/1984 Bythel Presby. Cem. White Hall. Harford. Maryla	ERAL DIRE e detached State Dept ANT If Hem	+		Raymor	12 7	A. N	32 1	nd	ATTENDING PHYSICIAN				22c. DAT	22-8	4
236. BURIAL, CREMATION, REMOVAL TIM DATE 6/26/1984 Bythel Presby. Cem. White Hall. Harford. Marylan	FUN old b	/					ZE			ALTIM	ODE M	EDI	CAL CE	NTF	
	O sha	-	23a. I	BURIAL CREMATION		73h DATE	2		EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY		STATE
6 50M 4/83 K.W. Onsburn F. Sewartstown, Par 17362	6 50M 4/8	3	24. F	JNERAL DIRECTOR	Ken	nefte	AL CALIFIES	sherr	- JUN	25 1	A POPULAR	la REAL	Mass R	HALL	YTaill

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

M. Banda Water all alder mores . Mr. 1, 1, 12 'er

otil	Pour	1-	FOR STATE REGISTRAR		DEPARTN	ENT OF HE	OF MARYLA ALTH AND N CATE OF D	NENTAL HYG	IENE 8	REG. NO.	ı	5 5	0 7
VI	6		CEASED NAME FIRST OR PRINT)		MIDDIE	(AS		2015	20 DATE OF	DEATH MO	ONTH DAY	LPES .	b HOUR
dy fo	( A !!	3. SE	Charles	14. RACE	F.	S DATE OF	LLIAMS		Jun	e 19,	1984		3:30PM
4	V	2	Male		ack	MONTH 8	DAY 3	2 7	5 (				HOURS MIN.
Pog.	13 806		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	X NEVER M			RE CITY OR		FDEATH	
dest	16 20	1	laryland	U.S.		WIDOWED	DIV	ORCED _		timore			MD.
fer	ad with	)0 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	DDRESS)				OCCUPATION FOR MOST OF W		126. KIND OF E	JUSINESS OR
1201	\$ 1 0 1	USU	Essex AL RESIDENCE (IF NURSING HISME		1 in Squa		ospit	al					
ND 2	Pilled Did D	1 - 5	TATE IN CO	UNTY	Baltim		3d. INSIDE CI	TY LIMITS?	130.STREET A	Clay!		Avenu	e 2120
AARYLA d within	Moderation of the second of th	-	THER'S NAME Fletcher	WIDDLE	Willia			MAIDEN NAM		MIDDIE		Markl	
ORE, M.	o S CO		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMAL			ADDRESS	E		
TIMO be es	S. Pages		YES	OTTE WAR ON DATES)	213-22	-6176	Harr	iett	Willia	ams 4	4819	Clayb	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PHYSICIAN: The low requires that the death certificate be executed within 24 hours on the process of the process	by the attending physicises remove carbonpaper, cremation, or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	SED BY: IATE CAUSE (a)  DUE TO, O	Bilatera RAS A CONSEQUE Trousseau RAS A CONSEQUE Carcinoma	NCE OF 1'S SY	ndrome				stase		VIÉ INTERVAI SET AND DEATH
DS, 201	n signed to Then plea to to burial, injury, or to	N	PART 2. OTHER SIGNIFICAN	T CONDITIONS C									
AL RECOR	n. Dermit. De prior	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTO			VERE FINDING	
SION OF VITA	phys tiffica 1-tro ol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMS	DEATH	OF INJURY M. MONTH DA M.	Y YEAR	21c HOW IN.	JURY OCCURI	RED (ENTER NA	TURE OF INJURY I	N ITEM 18 PART	T OR PART 2)	Talle
NOISING PHYS	d d d	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATIO STREET			CITY OR TOWN		COUNTY	STATE
ATTENDIA	RECTOR: A ned for use opt. of Healt tem 21 is mo		220.1 certify that () (this ha saw the deceased alive above, ( (we) (did) (di	on June	19,	84 , one		_, 19 <u>8</u> 2 (aur) apınian	, 10	JUNE d on the dote		nd from the ca	
AL OR A	the ho		22b. SIGNATURE  THOU	lans	al	M	F	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	и	06	19 84
HOSE	ould be		22d. PHYSICIAN'S NAME (TY	SA H			TRA		LIN	sau	ARE	= HOS	PITAL

DHMH - 16 50M 4/83

24. FUNERAL DIRECTOR Wm C March F/H Inc. 1101 North Avenue (VRA 15, 4)

23b. DATE 6/25/84

230 BURIAL, CREMATION, REMOVAL BURILAL

23t. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | Garrison Forest VA Owings Mills, COUNTY Md'ATE

MARKET NO SELECTION AS A SELECTION OF THE SECOND MANUFACTURE AND I SHILL THE STREET OF THE STREET

BP\_ **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
REDICAL EXAMINER'S CERTIFICATE OF DEATH	REG.

1 - STATE REGISTRA	A.R.		MI		MENT OF				-	J 4	REG. N	5	.;	0	8
1. DECEASED I		FIRST		MIODLE			LAST			2a. DATE	KNOWN ESTI-	MONTH	DAY	YEAR	26 HOUR
		Kenneth	1	Burde			Villia	ms				X 6	17	1984	M
3 SEX	4. RACE		ATE OF BIRTH	YEAR	6. AGE (IN )			IF UNDE	R 24 HRS.	2c DATE		HTMOM	DAY	YEAR	2d. HOUR 11:15
Male			3 14	1956		YRS.				DEAI	)	6		1984	a w
FOREIGN COU		7ь.	CITIZEN OF V	VHAT COU	NTRY?		IED   NE					OR COUN			
Maryla	und WN OF DEATH		U. S.			WIDOV		DIVOR				re Co			MD.
0	nsville	X	NAME OF HO	FACILITY, GIVE	STREET A ODRESS	)			FOR	MOST OF WO	DAIN'S HEE!	YPE OF WORK		RINDUST	
SUAL RESIDE	NCE (IF IN NURSI	NG HE WE DR OTH	WOODS IER INSTITUTION.	GIVE RESIDENC	E BEFORE ADMIS					nemp]		Mano	rder	De De	nad .
Maryla	nd T	E COUNTY			y or town .timore		YES X	NO [				more,			1229
M. FATHER'S N	- Contract						TS MOTH	ER'S MAIL	DENNAMI	-		ino Le			
Gar]	and	MIL.	DDLE	wi	111ams			arri		<i>'</i>	MIDDLE			mes	
Tou WAS DECL	ASED EVER IN	U.S. ARMED	FORCES?		CIAL SECURI		17. INFOR				4226E	Manor	dene	Ros	ad
No.		r 163, GIVE WAR	SK DATEUJ	217	-66-71	80 DI	Carr	ie W	illia	ms E		ore,		212	
18 CAU	SE OF DEATH	(Enter only an	e cause per li	ne far (a), (b	o), and (c).)								I Af	PPROXIMAT	E INTERVAL
PAR	I DEATH WAS	MMEDIATE CA	AUSE (a) F	<u>langin</u>	g										
			DUE TO, C	R AS A CO	NSEQUENCE	OF									
gav	ditions, if ony e rise to in	nmediate	(b)												
	se (a) stating th g cause last.	ne <u>under</u> -	DUE TO, C	R AS A CO	NSEQUENCE	OF							3-11		
8487.2.07	HER FIGHIFICANT	ONOTIONS CONT	(c)												
2 9	HER SIGNIFICANT C	UNUITIONS CONTR	OBUIING TO DEAT	H BOE NOT REE	ATEU TO THE TER	CMINAL DISEAS	E OK COMOIIIO	N GIYEN IN I	PART I I ol.						
ZTa. EXT	E OF OPERATI	ION	19b. CONE	ITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20 A	UTOPSY	?
THE			-										,	YES 😾	NO 🗌
2 To. EXT	ERNAL CAUSE			OF INJURY	DAY YEA		OW INJURY	OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM I	18 PART 1 OR P.	ART 2]		44.5
3 UNDERE	BUTING CA		тн ? Р.	м. 6	17 19 8	34 5	Subjec	t har	nged	self					
ZId. INJU	JRY OCCURRE	D	2Te PLACI	OF INJUR	Y (AT HOME, ETC.)		CATION			CITY OR TO	)WN	co	YTHUC		STATE
AT WO	RK D NOT W	RK X		woods		Spr	ing G	rove	Hosp	. Cat	onsvi	lle,	Balt	.O., N	ID.
	certify that I to		the remains d	escribed ab	ave, held an	Autop	sy X	Inspecti	ian .	Inquiry		and in my a	pınian		
death	esulted from:	Natural co	uses ,	Accident	☐, <u>s</u>	vicide X	, Homi	cide .	Under	termined m	onner	],			
ACTUAL		(1)	DIAG	As (	11.	00		PECIFY)				D.4.T.F.			
SIGNAT		In	make	se 1	JAG IM	W N	Ass Ass	ıstaı	nt_MED	ICAL EXA	MINER	DATE		/18/	84
EXAMIN (TYPE O	ER'S NAME R PRINT)	Marg	garita	A. Ko	rell,	M.D.	ADDRESS_	11:	l Pen	n St.	Bal	to.,M	D.		
23a.BURIAL, CR (SPECIFY)	EMATION, REA				NAME OF C				23d. LO	OR TOWN	20.2		INTY	5	TATE
24 SUNERAL I	Burial		/22/198		butus				E REC'D. R	Y REGISTR	AR 1256 REG	GISTRAR'S	SIGNAT	URE	
Funeral			01 Gwy	mns F ce, Ma	alls F ryland	Parkwa 212	ly	HIA	21	1984		Landso	n-19	ndell	- 1

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217-56- 180 Dl Carrie Cilliams Baltirore, Mc. 21229

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician. FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TH	DAY	VEAD	25 110	LID
		-		210
-	~	-3		1

	REGISTRAR		CERTII	TEATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	WIDDLE	11/1/	IAMA	20 DATE OF DEATH	MONTH DAY YE	Zb. HOUR
	LEE			-IAMS	6	1784	6.14 Am
.3. SE		4. RACE	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. BAYS HOURS MIN.
2 0	Male INTAPPLACE INTAPPLACE INTAPPLACE	White	AUG	- 18 1915	9 BALTIMORE CITY O	YRS.	70
/s. B	IRTHPLACE (STATE OR FOREIGN COUNTMARYLAND	75. CITIZEN OF WHAT COUNTS  U.S. A.	MARRIE	D NEVER MARRIED			
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	WIDOWE		Bal 1	timore Cour	nty MD.
		(IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUS	STRY
USU	andallstown ALRESIDENCE (IF NURSING HOME OF	Baltimore Coun		eral Hospital	Mechanic	Tra	nsportation
	ryland Bal		erstown	13d. INSIDE CITY LIMITS? YES NO X	6015 Deer	Park Rd.	21136
14 F.	ATHER'S NAME FIRST Daniel	MIDDLE LAST Willi	ams	15 MOTHER'S MAIDEN NA/ FIRST  Effie	WE	W	etzel
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	6015DR	Deer Park	
(	YES, NO OR UNKNOWN) (IF YES, GI	219-18-	8796	Harriet Willi		erstown, Me	
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (o), (b),					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED DV	MON	ARY DE	NFMA		
	The state of the s						
na:	6 80	DUE TO, OR AS A CONSE	RRF	117 1.11	, D .		
	Conditions, if any, which gove rise to immediate	(b) KECU	AKCI	y / L	77		
	couse (a), stoting the	DUE TO, OR AS A CONSE	OUENCE OF				
	underlying cause last.	(c)					Charles Total
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(0
CERTIFICATION			75.71				
ICA	190. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	USES OF DEATH?
RTIE			1.37	- 1 h NA	YES NO	YES 🗌	NO []
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAI	RT 2)
CA	FIF EITHER, NOTIFY MEDICAL EXAMINE	(R) P.M.	19				
MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE FARM ETC I	211. LOCATION STREET	CITY OR TO	WN COUN	STATE
~	MHILE NOT WHILE						
		pital) attended the deceased fro		. 19	, to	. 19	, that (I) (we) lost
	sow the deceased alive or above. (I (we) did (did re	at view the body after death.	9, or	nd that in (my) (our) opinion o	deoth occurred on the d	ote and hour and from	n the couses stated
	The SIGNATURE	1.	1	DEGREE	701120		DATE SIGNED
	Hofelf R	11480 11)	)	ATTENDING PHYSICIAN	MEDICAL STA		117/84
	THE PHOSICIANS NAME THE	chrenity /		226 ADDRESS			/
	HAFEE 2	SYEDMD		BHLIIMO	RE COLLI	VIY GE	N HOSP
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	June 20, 1984		Park Cem.	Reisters	town Bart:	imore Md".
24.5	LINERAL DIRECTOR	- Ckhardt	Funera	al Chappin 1510 U	E RECIDI DY REGISTRAR	ALLEGE TRACE	JRE
1	day / Highton	Owings M		Md. 21117	0		•

DHMH - 16 50M 4/82 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or them 18 shows any injury, ar other troumatic event, the medical examin

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and agishould be detached for use as the burial-transit permit. Then please remove carban-papers. Pages I with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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All the contract of the contra	Bokknadt Sila el vanguja V sestam Miller, Mil 1997

	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral distinct should be disclosed for use as the buriol-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled within 72 hours with the State Dear of Hashib and Mannel Havieran entire to having transmitting transmitting or amount of the pages.	A	)
	th. Pag	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral dimension in Should be detached for use as the build-instant permitted in the present the professional professio	puce.	1
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5	s after	by the	IMPORTANT: If Item 21 is morked of Item 18 shows ony injury, or other traumatic event, the medical examiner must be halffied or price.	
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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 21.201	ne law	hos b	o swc	/
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici subject by the ottending physici subject by the ottending physici subject by the ottending professional through the other physicians principle of the physician or commoding.	MPOR	1
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BP. DHMH - 16 50M 4/83

(VRA 15, 4)

	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		15510
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  70. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
N		OR PRINTI	anklin WILLIS		June 19, 198	
)	3. SE)	4. F	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		M	W	S. DATE OF BIRTH	49 YR	
1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
4		N.C.	USA	WIDOWED DIVORCED	Baltimore Co	ounty
7	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	- A - A A
4			HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		CONCRETE
1		FLA VA	. 00	BEACHIES D NO [	13 TH WAY	ODE EASTER G
1	14. FA	THER'S NAME FIRST MIDI	DLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE A A	T A A LAST
-	2 h	1 - 1 -	WILLLS	MINNIE	MORRI-	SON
3		VAS DECEASED EVER IN U.S. ARMEI	AP OP DATES)	1336 GARY W/1	ADDRESS	204211
		VNK		17.75	L/3 W.11	ALM BEACH >
3		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: Acute my	ocardial infarctio	n. posterior la	
		IMMEDIATE C	AUSE (0)	wasturale and		
		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	clerotic cardiovas		
		gove rise to immediate couse (o), stating the	18)		Culai albease	
		underlying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF		
		PART 2 OTHER SIGNIFICANT COM		EATH BUT NOT RELATED TO THE TERM	ainal disease or condition	GIVEN IN PART Ho
	CERTIFICATION			,		
	ICA	190. DATE OF OPERATION	1% CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
_	RTIF	AL ACCIDENT WAS INDERWARD TO	216 TIME OF INJURY	Tal. HOW BUILDY OCCUP	YES X NO	YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 21f LOCATION		
	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FAI		CITY OR TOWN	COUNTY STATE
		22a I certify that (this hospital)	ottended the deceased from	June 19 . 19 84	toJune_19	, 1984, that 10 (we) los
		sow the deceased olive on above, it (we) (did) (did not) vi	ew Me Cody after death. 19 -{	84, and that in (m() (our) apinion	death occurred on the date and	hour and from the causes stated
		226. SIGNATURE		DEGREE		221. DATE SIGNED
		minhar/ n. st		Me ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	6/19/59.
		226 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS		
		Michael Sta			in Square Dr.,	21237
		SURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
	24 FJ	HYERAL DIRECTOR	12/04	25a. DAT	E REC'D. BY REGISTRAR 256. REC	
	1	onnelly F. K	1. 300 Mace	ave. JUN	201984	Landson-Name



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be parties at any

deoth. Poge 4 may be

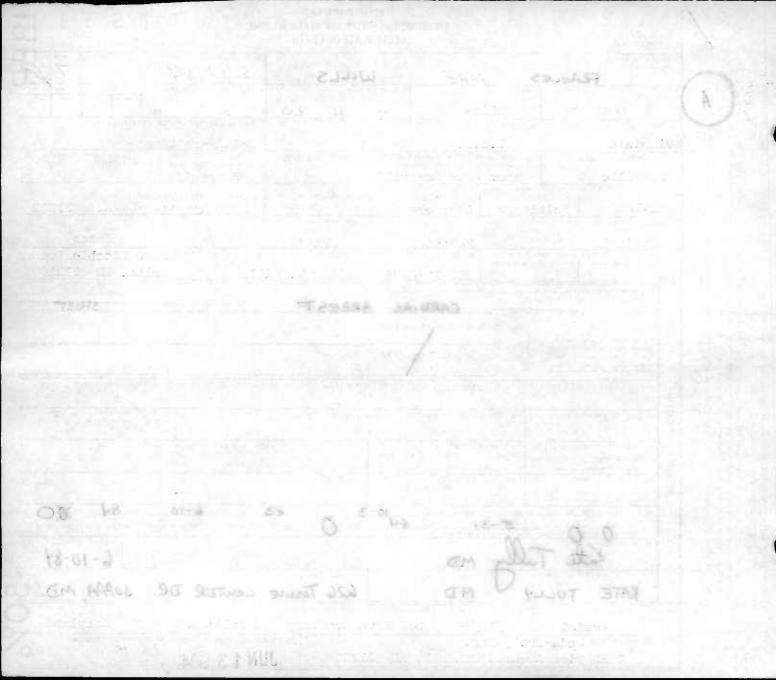
#### STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF	PEATH		REG. NO.					
I. DECEASED NAME FIRST		FIRST	WIDDLE		LAST		20 DATE OF DEATH MONTH DA		DAY	DAY YEAR 26 HOUR		R		
(TYPE	OR PRINT)	ANCES		MAE		WILLS	5	6/10	184			7	45 M	
3. SE)		4. F	RACE			OF BIRTH	we an	6. AGE (IN YEA	RS LAST BIRTHDAY]	MONTHS	ER I YEAR	IF UNDER	24 HRS	
temale			Whi	te	A G	ONTH DAY YEAR		63	Y	RS.	DATS	HOURS	ATTIV.	
7a. BI	RTHPLACE (STATE OR F	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9. BALTIMORE	CITY OR COL	JNTY OF D	EATH			
	rginia		U.S		WIDOWI	EDX D	VORCED [	Baltin	nore Co	unty			MD.	
10. CI	TY OR TOWN OF DEA	ATH 11.		OSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OG	CCUPATION OR MOST OF WORK		KIND OF	BUSINE	55 OR	
Ro	ssville			Care Ros		е		Hous	sewife	-110				
USUA 13a. S	AL RESIDENCE IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFOR		1 13d. INSIDE C	ITY LIMITS?	13e STREET AD	DRESS / ZIP (	CODE				
Ma	ryland	Balti		Edgemer		YES 🗌	NO 🔀		Ritchie		ານຄ	212	19	
14. FA	THER'S NAME	MID	Dif	LAST		15. MOTHER	S MAIDEN NAM	ΛE	WIDDIE		LAS1			
	Benjamin	Wild Control	ott.	McDanie	1	На	ttie		T.		Este			
16s W	AS DECEASED EVER			166 SOCIAL SECU		17. INFORMA			ADDRESS 2	900 Rj	tchi	e Av	renue	
No	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	213-18-	1489	Walte	r W. Wi	lls		alto.		2121		
	18 CAUSE OF DEAT	H (Enter only o	ne couse per								APPROXU BETWEEN C	MATE INTER	DEATH	
	PART I. DEATH W	AS CAUSED B	Y:	CARD		ARRES	T					ORT		
	4775	IMMEDIATE C												
	1210	1.1	,	R AS A CONSEOU	ENCE OF									
	Conditions, if ony,		(p)_	<del>\</del>	_					- +			_	
	couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF													
	anderlying coose	1031.	(c)		1									
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
CERTIFICATION														
Q V	19a DATE OF OPERATION 19b. CC			IDITION FOR WHICH OPERATION WAS PERF			ORMED 200 AUTOPSY?			206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				
E									YES NO YES			NO		
E G	710. ACCIDENT WAS UNI	FINJURY M. MONTH D	AV YEAR		JURY OCCURR	ED (ENTERNATU	RE OF INJURY IN ITE	M TB PART I O	R PART 2)					
A	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M				19									
MEDICAL	21d. INJURY OCCURRED 21e. PLACE		OF INJURY		211 LOCATI		CITY OR TOWN			COUNTY STATE		TATE		
¥			REET, FACTORY, OFFICE, FARM, ETC.)		STREET		CHTORIOWN			COUNTA STATE		IMIE		
	22s.1 certify that (I)		ottended th	e deceosed from_	10	-3	19 83	to	6-10	19_8	V2	hot 6	we lost	
	saw the decease obove, (1) (we) (	alive on	5-3	19_	64.	nd that in my	(our) opinion d	leoth occurred	on the dote one	d hour ond	from the	causes sta	oted	
	22h SIGNATURE	(did not) v	new the body	ofter death.		DEGREE			-	12	2c. DATE	SIGNED		
	inte Tully MD					ATTENDING MEDICAL STAFF				1-10-84				
	224 PHYSICIAN'S N	PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS				16 10 01								
	MATTER PHISICIAN SIN	626 Towne CENTER DR.			-1.3	1.000								
	KAIE	TULL	1	MD						. 10	PPA,	MI	),	
	SURIAL, CREMATION,	REMOVAL	236. DATE			CEMETERY OR		23d LOCAT	RIOWN	cou	NIY	_ 5	LATE	
	Buri		6/13	*	ak La	wn Ceme		Balt:	imore			/land	i	
24 FL	INERAL DIRECTOR I			ADDRESS			25a. DATE	E REC'D. BY RE	GISTRAR 256. RE	GISTRAR'S	SIGNAT	URE		
	7922 1	Wise Av	enue,	Dundalk,	MD	21222	11	JN 13	1924	telia Do	of Mon	11	LATE	
VVII 19 Mod ( Table 1)														

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or attending physician,



	or or
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the turneral direct permit. Then please remove carbon papers. Pages 1 and 2 should be filed write 72 may direct the attending the control of the c	Star death
with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	A
IMPORTANT; If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exominer must be notified at order.	2
) 75331	)

FOR STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

del	5	1	2

-											
	CEASED NAME	FIRST		MIDDLE	-	LAST	2	a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
0		Kurt.	Erich	WTPPR	ECHT			June 19 1	984		1.05a M
1. SE			RACE		5. DATE C			AGE JIN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
3731	M		N	/	MONTE	1/16/06	8	77	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9.	BALTIMORE CITY OF	COUNT	Y OF DEATH	31 E 1 E 1 E
	GERMA	14	115	A	WIDOWE			Raltimore	Count	F-17	MD.
10. CI	TY OR TOWN OF	DEATH 11			NG HOME C	OR OTHER INSTITUTION	N 12	20 USUAL OCCUPATIO	NC	12b. KIND C	OF BUSINESS OR
R	OSSVILL		FRAI	NKLIN	50	?,	ľ	TYPE OF WORK FOR MOST OF	WORKING L	STE	EL
	AL RESIDENCE (# N	13b. COUNTY		13c. CITY OR TO		113d INSIDE CITY LIMIT	152 113	Be STREET ADDRESS /	7IP COL	F 2	1222
	MD.	BA	LTO	DUNDA		YES NO Z		6913 1	8106	SE WA	r RD
14. FA	THER'S NAME	1,10	- Mal		, , –	15. MOTHER'S MAIDE	NNAME		110-		11-
	FIRST	VNG	DOLE	LAST		FIRST		VWK		LA:	ST
	VAS DECEASED EV		D FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS		
()	VNK	(IF YES, GIVE W	AR OR DATES)	21309	2420	EL1ZABL	ETH	WIPPRE	CHT	_	ABON
	18 CAUSE OF DE	ATH (Enter only	one cause per	line for (a), (b), a	nd (c).)					BETWEEN	ONSET AND DEATH
	PART I. DEATH	WAS CAUSED I	ALISE (a)	Cardiac	Arrest				200	15.0	
17		Will Collect				11/1/10/2019			17 ( 10)		
9=	Canditions, if a	and subjet		ras a conseo: Respirat		moat					
	gave rise to	immediate	)	200		Test					
	underlying co			R AS A CONSEOU							
				Emphysem							
Z	PART 2. OTHER S	IGNIFICANT CO	NDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	)ITION GI	IVEN IN PART 1:	O
CERTIFICATION									T		
CA	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE FINDII IFYING CAUSES	
TIE								YES NOW	Y	ES 🗌	NO 🗆
G	21a. ACCIDENT WAS	_	216. TIME C		DAV VEAD	21c. HOW INJURY OF	CCURRED	ENTER NATURE OF INSUR	Y IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING			M. MONTH (	DAY YEAR						
MEDICAL	21d. INJURY OCC		21e. PLACE		17	211 LOCATION		The same of the same of			
ME	WHILE NO	T WHILE	(AT HOME, STE	REET, FACTORY, OFFICE	FARM, ETC )	STREET		CITY OR TOV	M	COUNTY	STATE
		WORK			Tuno 1	8 198	1	to June 19		1984	
	220.1 certify that					nd that in (my) (our) op		, 10		, , , ,	that (d) (we) last
		eased olive on_ e) (did) ( <del>did not)</del> :	view the body	olter death	01		JIMON GE	om occurred on the do	Te ond no		
	226. SIGNATURE	1		8/		DEGREE ATTEND	INIC	MEDICAL STAF	c .	22c. DATE	
		Jan	عم	Sex	100	PHYSICI/	AN	DIRECTOR PHYSIC		- 06/1	19/84
	22d PHYSICIALS	MAME (INFORM	enet)	0		22e ADDRESS	50				
	Ja.	Mes	5	ide	5,M.	<b>.</b> p. 9000	Fran	klin Sq. D	r., :	21237	
	BURIAL, CREMATIC	ON, REMOVAL	236. DATE	230	NAME OF C	CEMETERY OR CREMAT	ORY	23d LOCATION		COUNTY	STATE
1	BUR	IAL	6/21	184 0	AK A	AWN		BAITO	>	MD.	STATE
24 FI	JNERAL DIRECTOR						o. DATE F	REC'D. BY REGISTRAR	256 REG15	STRAR'S SIGNA	TURE
-	NAME /	NNEL	, 4	ADDRESS	1115		JUN	2.0 1084	ichia D	Tribles The	antelle :
V	10,00	INFE	41	200 11	IHCE			0 0 1304	much	MAN HOUSE	- A A TOWN

DHMH - 16 50M 4/83 (VRA 15, 4)

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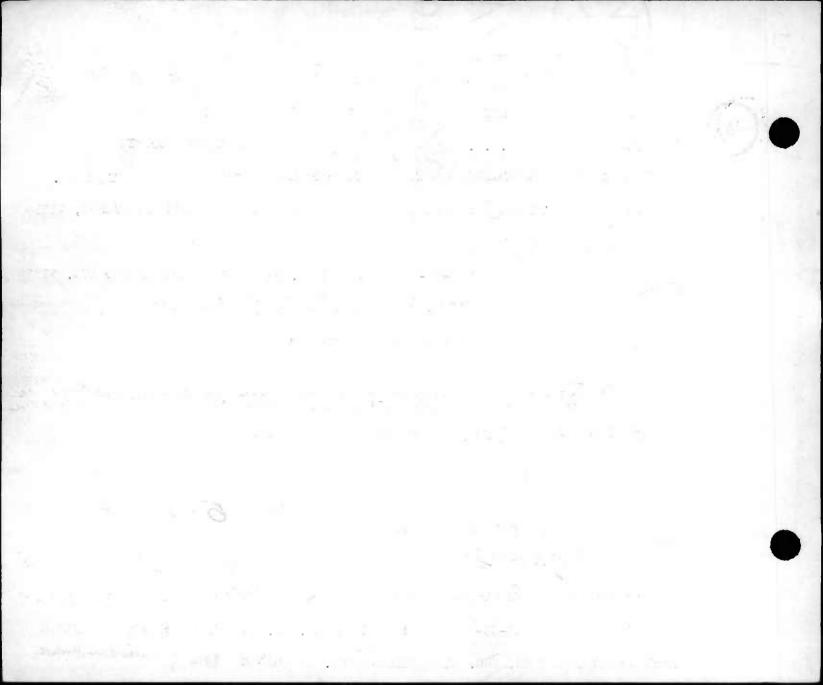
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STATE OF MARYLAND

١	1 -	FOR STATE REGISTRAR			DEPAI				IENE	REG N	0 =	3	, ,	V
ı		EASED NAME	PHILIP	A					REG. NO.    20 DATE OF DEATH   MONTH   DATE   AREA   20 HOUR	280				
ł	1. SEX			RACE					6 AGE	IN YEARS LAST BIR			# UNDER	HRS
ı	M	MLE		WHITT	F			06		77	was F	HONTHS DAYS.	HOURS & A	mer.
1		THPLACE 1STATE O	R FOREIGN 7			Y? 8			9 BALTI			OF DEATH		_
1		RYLAND		II S	Δ				BA	LTTMOR	E COUN	VTY		MD.
4	-	Y OR TOWN OF DI	EATH 1	1. NAME OF H	HOSPITAL, NUR	SING HOME O		-	12e USU	AL OCCUPAT	ION	17b. KIND O	F BUSINESS	_
	-	NDALLSTOW		BALTIMO	RE COUN	ITY GENE	ERAL HOS	PITAL					CO.	
1	3a ST	RESIDENCE 1# NU ATE ARYLAND	13b COUNT		13c. CITY OR TO	OWN							, 212	234
1	M. FAT	HER'S NAME FIRST		DDIE N O N	LAST						WN	LAS		
1		AS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORMAN	T						
1	(AE	S, NO OR UNKNOWN)	J IF YES, GIVE	WAR OR DATES)	214-01	-2029	JESSIE	R. WI	SER	2904	BAUERN	VA GOOW	Æ. 21	234
		PART I. DEATH	TH (Enter only WAS CAUSED IMMEDIATE	BY	L. WISER  L. WISER  S DATE OF BRITH  MHITE  08 24 06  S BALTIMORE COUNTY  BALTIMORE COUNTY  LEEN OF WHAT COUNTRY?  WARRIED & NEVER MARRIED  DNORCED  DNORCED  DNORCED  BALTIMORE COUNTY  BALTIMORE  BALTI	APPROXI BETWEEN C	MÅTE INTERVA INSET AND DE	AIH						
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		cause (0), stol underlying cou	ing the se lost.	(c)										_
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I	CERTIFICATION	5-23	-84						20a A	UTOPSY?	IN CERTIF	YING CAUSES	OF DEATH	?
1		710. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY ME	CAUSE OF DEAT	HOUR A.	M. MONTH		21c HOW INJU	JRY OCCURR	ED (ENTE	R NATURE OF INJU	RY IN ITEM TS P	PART I OR PART 2)		
	ž	71d. INJURY OCCU	RRED			CE, FARM ETC )	211 LOCATION STREET	4		CITY OR TO	)WN	COUNTY	STAT	TE
		22a I certify that (	)) (this hospite				- 2-2 id that in (my) (c	79_84 aur) opinian d	, to	urred on the d	ate, and hav		, ,	
		22b. SIGNATURE	(to.	ine	2		AT					22t. DATE	SIGNED -	84
1		ORIAN.					BC				EWN	, hed	211-	33
	(5)	JRIAL, CREMATION	N, REMOVAL	23b. DATE						CITY OR TOWN			STA*	TE
		BURIAL		06-09	-84	MEADOWE								)
		NERAL DIRECTOR								ST REGISTRAR	F. A.	A	Jandel	2_
ı	HUE	BBARD FUN	ERAL HO	OME, IN	C. 4107	WILKEN	S AVE.	JU	NQ	1954	1	1000		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been ulgaed by the attending physician and should be detached for use as the businf-transis permit. Then please remark corbon papers. Page with the Engle Dept. of Health and Mental Hygens prior to burnal. Cremption, or remayal. IMPORTANT: If hem 21 is marked or hem 18 shows, any mury, or other traumatic event, th



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayol.

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows ony

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	2	6

	EDMUND  X  Male  RTHPLACE (STATE OR FOREIGN OUNTRY) and ITY OR TOWN OF DEATH  FOWSON  ALRESIDENCE (IF NURSING HOME OF STATE ITS NAME FIRST NAME FIRST NAME FIRST NAME FIRST NOOR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT NOOR UNKNOWN)  19 CONDITIONS, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNLY CANT (IF EITHER, NOTHY MEDICAL EXAMINER)  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  2116. INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINER)  220. I Certify that (I) (this hospi saw the deceased alive on obove, (I) (WAS INDICATED TO STATE OF THE PART OF TH	REG. NO.										
I. DE	ECEASED NAME FIRST	WIODEE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
		FRANKLIN	WOE	LPER		JUNE	20	1984	5:05PM			
3. SE	EDMUND  SEX  Male  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  Towson  SUAL RESIDENCE (IF NURSING HOME 6 13b. COUNTRY)  BO STATE  Benjamin Fr.  WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSED FOR THE COUNTRY OF THE COUNTRY	4 RACE	5 DATE C		VEAD	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
	Male	White	Aug	. 12,	1896	87	YRS	MONTHS! DATS	HOURS MIN			
(	EDMUND FRANK  SEX  Male  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  TOWSON  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV.  S. STATE  Maryland  Baltimore  FATHER'S NAME FIRST  Benjamin Franklin  WAS DECEASED EVER IN U.S. ARMED FORCES?  INO  18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (I)  Conditions, if only, which gove rise to immediate couse (I), stating the underlying couse lost.  Conditions, if only, which gove rise to immediate cause (I), stating the underlying couse lost.  CONDITION  19a. DATE OF OPERATION  19b. CONDITION (IC)  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE OF OPERATION  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  22c. I certify that (I) (this hospital) attended the deceased olive on obove. (I) I WZE I (dight-dtid not) view the bedy difference of the couse of the couse of Death (Indicated the deceased olive on obove. (I) I WZE I (dight-dtid not) view the bedy difference of the couse of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the deceased olive on Obove. (I) I WZE I (dight-dtid not) view the bedy difference of Death (Indicated the d	76 CITIZEN OF WHAT COUNTRY?	8 MAPPIE	D NEVER	MARRIED [	9 BALTIMORE CITY	OR COUNT	Y OF DEATH				
M	aryland	U.S.A.	WIDOWE		ONORCED [	Baltimo	ce Co	unty	MD.			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER IN	STITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND O IFE) INDUSTRY	F BUSINESS OR			
		Dulaney Yewso	n Nu	rsing	Home	Sales Mo			Can Co.			
USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW		113d INSIDE	CITY LIMITS?	13e STREET ADDRESS	,					
				YES 💢	NO 🗌	7804 Elm	hurs	t Ave.	21234			
14. F	FIRST				R'S MAIDEN NAM	WE		LAS	T.			
	Benjamin Fra	anklin Woelpe	r	Ce	cille			Gibs	on			
		E WAR OR DATES)		17. INFORM		ADD	RESS	212	34			
	No	215-05-	6045	A Edm	und C.	Woelper	780	7 Elminu:	rst Ave			
	18. CAUSE OF DEATH (Enter of	nly ane cause per the far (o), (b), on		Mone	. 7	-Ailure		BETWEEN	IMATE INTERVAL ONSET AND DEATH			
		Su	SUDDEN									
	SIS A PLAN	1	21/10									
13		2 3	3 423									
	cause (a), stating the	4	61100									
	underlying couse lost.								1-0485.			
z	PART 2. OTHER SIGNE ICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 16	01			
110	ICEC!	HE CH	0050.710				Tan 15 M					
FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?					
ERT	21a ACCIDENT WAS LINDERLYING.	216. TIME OF INJURY		Tale HOW I	NULLEY OCCUPE	YES NO P		ES 🗌	NO 🗌			
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	Zit. HOW I	NJURI OCCURR	ED (ENTER NATURE OF IN)	URT IN HEM 18,	PART   OR PART 2]				
MEDICAL		P.M. 21e. PLACE OF INJURY	19	211 LOCAT	ION							
ME		(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	)WN	COUNTY	STATE			
		(a) - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	JUN	101	1977	D. 3-1/4/4	520	81				
	saw the deceased alive on	6/20 19	31/	nd that in (my	() (pur) opinion o	feath occurred on the	date and ha	/	that (I) ( last			
		t) view the body ofter death.		DEGREE	, (00)		2010 0110 110	22c DATE				
	Poli.	all man		DEONE	ATTENDING .	MEDICAL ST	AFF _	1/2	184			
C	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	-	122e. ADDRE		DIRECTOR PHYS	ICIAN []	10/0	107			
	CHARLES F	D' DONNE!	11	757	211/201	KROAD	Tow.	SON 7	1204			
230	BURIAL CREMATION PENOVAL	122h DATE 123. A	JAME OF C	EMETERY OF	CREMATORY	1234 LOCATION						
230.	(SPECIFY)	June23.1984 B			CREMATORY	Baltimo	are	COUNTY	Md.			
2405					C 250. DATE			TRARISSIGNATI	AND THE PERSON NAMED IN			
	009 Harford F			21214	ALLK .	122 1984	The same	224 Aum 2131 14.8				
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 metoned by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complately lifted in by the screed directly should be detacked for use as the build-transit permit. Then please remove corbon papers, from and 2 manual betilied with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal
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IMPORTANT: If Item 21 is morked or Item 18 shows ony

## STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

REGISTRAR		CEKI	IFICATE OF DEATH	REG. NO.		
	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	PRIE	M. 1	NOLF	06	12 84	19 NOON M
3. SEX	4. RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	
remale	Whit	7	5 PAY YEAR	79 YRS		
O. BIRTHPLACE   STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
Md.	U.S	A	WED A DIVORCED	Baltimore Cou	inty	MD.
Towson	(IF NOT IN SUC	HOSPITAL, NURSING HOME		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INC		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING		Jospphs Hospi		housewife		
Md.	COUNTY	Baltimore	13d. INSIDE CITY LIMITS? YES TO O	13e.STREET ADDRESS / ZIP CO		21230
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		AST
Samuel	MIDDLE	Breighner	Mary	MIDDLE		mmel
160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO	. IT INFORMANT	3 Stoneleigh F	lace	
(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	215 07 89771	Robert Wolf	Belair Md. 21	014	
PART I. DEATH WAS	Enter only one cause per S CAUSED BY:	line lar (a), (b), and (c).)	est & Respu	ratory failure	APPRO BFTWEE	DXIMATE INTERVAL N ONSET AND DEATH
	diate the last. (c)	ONTRIBUTING TO DEATH B	ASC VO -	e, S/O CAB - Heart failur MINAL DISEASE OR CONDITION OR E afric insuffic	GIVEN IN PART	Ito
Respirator 190 DATE OF OPERATION 190 DATE OF	/	nary artery	ion was performed stenosis		YES, WERE FIND TIFYING CAUSE YES X	
	ISE OF DEATH HOUR A.	M. MONTH DAY YEA	AR .	RED (ENTER NATURE OF INJURY IN ITEM	8 PART TOR PART 2}	
OR CONTRIBUTING CAL  (# EITHER, NOTIFY MEDICAL  21d INJURY OCCURREI  WHILE NOTIFY MEDICAL  WHILE AL WORK  AL WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.}	211 LOCATION	CITY OR TOWN	COUNTY	STATE
22a I certify that (I) (the saw the deceased	nis haspital) attended the alive on (did not) view the body	death occurred on the date and h	171. DAT	12/8×		
Guilletmo	Vagega	s MD	7600 DSK1	dr. Suite 205	lowso 1	Med y
230 BURIAL, CREMATION, RE			FCEMETERY OR CREMATORY Wridge Mem. Par	k Z3d LOCATION CITY OR TOWN Dorsey	COUNTY Howard	STATE Md.
24 FUNERAL DIRECTOR	4001 R	tchie Hwy.	25a DA	TE REC'D. BY REGISTRAR 25b. REG		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

NAME George J. Gonce

FOR - STATE

Baltimore Md

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aw requires that the dea	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, ar ather traur	
IDING PHYSICIAN: The or affending physician.	. After this certificate has se as the burial-transit peaalth and Mental Hygiens	marked or Hem 18 show	
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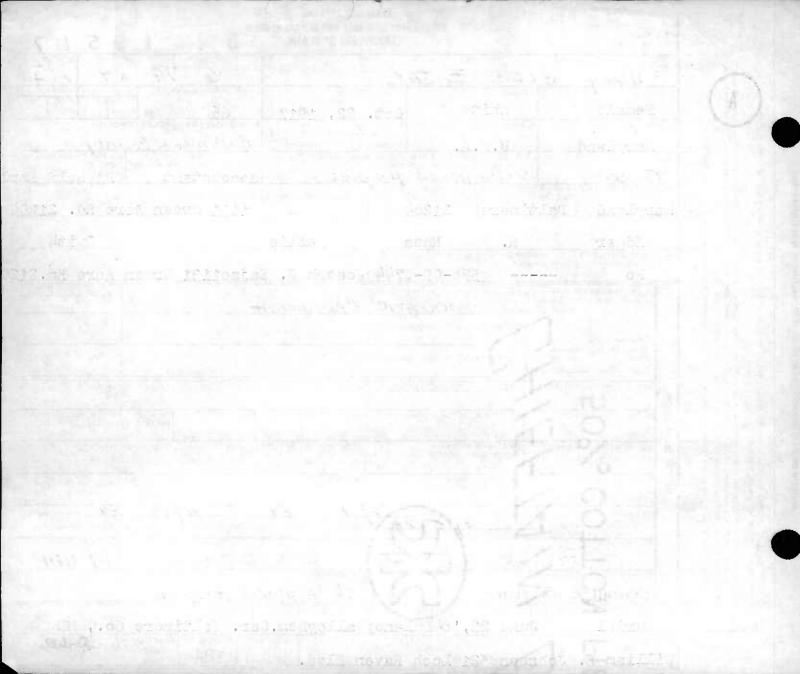
BP. DHMH-16 30M 2/80 (VRA 15, 4)

## STATE OF MARYLAND 1 2 2 1 4

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	10.	S	J	! 0	
のとうとうてい		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	DATE OF DEATH MONTH DAY YEAR			2b. HOUR	_
	LITTE	DONAL	'D	R. WOODS			6 29 84			6:40A M		
0	3. SE)	X	4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BE		IF UND	NDER I YEAR IF UNDER 24 HRS		
		Male	Whit	e	MONTH 3	29 1920	64	VDC	MONTHS	DAYS	HOURS MIN	
6	7 BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY	YRS OR COUN		EATH		
1		New York	U.S	.A:	MARRIE	D NEVER MARRIED DIVORCED	Baltimore	Cour	2 ± 37			0
Š	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126	KINDC	OF BUSINESS O	-
1	-	lowson	Greater	1	e Med	ical Center	ITYPE OF WORK FOR MOST Mechani		LIFE) IN	DUSTRY		
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0		THER'S NAME			V V J J J	15 MOTHER'S MAIDEN NA		- 0 00 4	2220	zic e	2,1007	_
4	7.	Forrest Ray	MIDDLE	Woods		Myrthe	Van		0-	LAS	12	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	ESS	01	num		_
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	TO THE REAL PROPERTY.	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, C	Atherosclerotic cardiovascular disease  O, OR AS A CONSEQUENCE OF b) Lower extremity gangrene, bilateral  O, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							0)	=	
	NO	Acute myocar										
	TIFICATI	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER			NGS USED OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	DF INJURY .m. MONTH DA .m.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM TO	8 PART I O	RPART 2)		
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	)WN	co	YIMUQ	STATE	
		27a. I certify that (this hospital) attended to sow the descense only on obve. ((((**e*)) (did ) (did not) view the bod) 27b. SIGNM URE		29 19 84 , and that in (my cour) of inion of the death.  DEGREE  ATTENDING		nd that in (my (our) of inion of	, to 6/29 death occurred on the o	FF ==	our and	2c. DATE	that (I) we located courses stated SIGNED 9-84	51
		Ronald L.	Sirota,			6701 N. Char		√son,	MD	212	04	
	(	SURIAL, CREMATION, REMOVA SPECIFY) Cremation		30, 84 <sup>23c. N</sup>	Westv	iew Park	23d. LOCATION CBalctin		cour		Md.	
	24 FU	JNERAL DIRECTOR Leonard J. R	uck, Ind	5305° F	larfor		E REC'D. BY REGISTRAF L 2 – 1984	25h. REGI	STRAR'S	SIGNAT	andelle.	

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- 1						E OF MARYLAND					
	1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG FICATE OF DEATH	B HEG. N	. 1	5 5	17	
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA		2b. HOUR	
	(TYPE	MARY	FLLA	ZAJA	e.		6	19	84	125 N	
	3. SE	( )	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
		Female	Whi	te	Oct		66	YRS.	DATS	HOURS MIN.	
35	7a. B!	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	DXXNEVER MARRIED	BALTIMORE CITY O				
	10. C	Maryland TY OR TOWN OF DEATH	II. NAME OF		WIDOWE NG HOME (	DR OTHER INSTITUTION	BAIT'MOI			BUSINESS OR	
70	7	Towson	Stell19	MARIS		0.65	Accountar		INDUSTRY		
		AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	EADMISSION	pici		16	ICPA S	elf Em	
15	_		ltimore	13c. CITY OR TOW 2120		136, INSIDE CITY LIMITS?	13. STREET ADDRESS	en Ac	re Rd	. 2120	
		THER'S NAME			T	15. MOTHER'S MAIDEN NA	ME	SELL AC			
30		Edgar	R.	Rhe	a	Nellie	WIGDLE		Sm	ith	
		AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRI	SS	OIII	11 011	
	(	PES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	578-09-	0744	Joseph J.	Za iac1131	Green	Acre	Rd.21	
1		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	· · · · · · · · · · · · · · · · · · ·							MATE INTERVAL NSET AND DEATH	
0	ATION	CERTIFICATION	underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	WERE FINDING	GS USED
9	TIFIC		Charles and				YES NO	YES	NG CAUSES (	NO T	
9	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	T FOR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE	
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	FARM, ETC )	SIREET	CITIONIO		COOM	SIAIE	
		22s.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	an	6/18/19/	64 .of	nd that in (my) (aur) apinion (	death occurred an the de	19 , 19 ate and haur o		hot (I) (we) last auses stated	
_		226. SIGNATURE	ulkn	ec N	D		MEDICAL STAI DIRECTOR PHYSIC	FE IAN	220. DATE S	1/84	
		22d PHYSICIAN'S NAME (TY				220. ADDRESS	2.5 11-5				
-	22. 0	Kendall R. H.		122. 1	I AME OF C	SKIN MAI	ers Hospi	CE			
	230. E	Burial  Burial				vValleyMem.(	CITY OR TOWN	imore	COUNTY	TATE STATE	
		INERAL DIRECTOR	quite 2.	L, OHDU	rane,	y valley well. (	E REC'D. BY REGISTRAR	28h REGISTRA	R'6 SIGN	MD	
2		lliam E. Jo	hngonor	ADDRESS	Des	D2 1110	E REC'D. BY REGISTRAR	la Dai	4dson-Na	HOLDE.	
	VV _	TTTAME TO JC	HIBOHO5.	ZI LOCK	Kave	SII DIVO I JUL	TUCI # LD V				



STATE OF MARYLAND

ROBERT J.

(VRA 15, 4)

